Demographic and Health Survey

Interviewer's Manual

ICF International
Calverton, Maryland

October 2012

MEASURE DHS is a five-year project to assist institutions in collecting and analyzing data needed to plan, monitor, and evaluate population, health, and nutrition programs. MEASURE DHS is funded by the U.S. Agency for International Development (USAID). The project is implemented by ICF International in Calverton, Maryland, in partnership with the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, the Program for Appropriate Technology in Health (PATH), Futures Institute, Camris International, and Blue Raster.

The main objectives of the MEASURE DHS program are to: 1) provide improved information through appropriate data collection, analysis, and evaluation; 2) improve coordination and partnerships in data collection at the international and country levels; 3) increase host-country institutionalization of data collection capacity; 4) improve data collection and analysis tools and methodologies; and 5) improve the dissemination and utilization of data.

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Recommended citation:
ICF International. 2012. Demographic and Health Survey Interviewer's Manual. MEASURE DHS Basic Documentation No. 2. Calverton, Maryland, U.S.A.: ICF International

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I. INTRODUCTION

The [YEAR AND COUNTRY] Demographic and Health Survey is a national sample survey designed to provide information on population, family planning, maternal and child health, child survival, HIV/AIDS and sexually transmitted infections (STIs), reproductive health, and nutrition in [COUNTRY]. The DHS will involve interviewing a randomly selected group of respondents who are between 15 and 49 years of age.[1] These respondents will be asked questions about their background, the children they have given birth to, their knowledge and use of family planning methods, the health of their children, their awareness of HIV/AIDS and sexually transmissible diseases, and other information that will be helpful to policy makers and administrators in health and family planning fields.

You are being trained as an interviewer for the DHS. After the training course, which will take about four weeks to complete, selected interviewers will be working in teams and going to different parts of the country to interview households and women and men in these households. This is called fieldwork. Depending on the areas assigned to your team and on how well you perform the tasks given to you, you may be working on the DHS for up to [NUMBER OF MONTHS]. However, we have recruited more interviewers to participate in the training course than are needed to do the work, and at the end of the course, we will be selecting the best qualified among you to work as interviewers. Those not selected may be retained as alternates or data entry staff.

During the training course, you will listen to lectures about how to fill in the questionnaires correctly. You will also conduct practice interviews with other trainees and with strangers. You will be given periodic tests, and the questionnaires that you complete will be edited to check for completeness and accuracy.

You should study this manual and learn its contents since this will reduce the amount of time needed for training and will improve your chances of being selected as an interviewer.

[1] In many cases, men living in the households selected for the DHS sample or in a subsample of these households will be interviewed. If the survey includes men, the Interviewer's Manual may need to be modified to reflect the age range of those eligible for interview. If the survey includes a subsample, this concept will need to be introduced, and, as appropriate, the Interviewer's Manual will need to be modified.

A. Survey Objectives

The [COUNTRY] DHS is part of a worldwide survey program. The international MEASURE DHS program is designed to:

- Assist countries in conducting household sample surveys to periodically monitor changes in population, health, and nutrition.

- Provide an international database that can be used by researchers investigating topics related to population, health, and nutrition.

As part of the international DHS program, surveys are being carried out in countries in Africa, Latin America and the Caribbean, Asia, Eastern Europe and the Middle East. Data from these surveys are used to better understand the population, health, and nutrition situation in the countries surveyed.

B. DHS Sample

There are several ways to gather information about people. One way is to contact every person or nearly every person and ask them questions about what you need to know. Talking to everyone is called a complete enumeration, and a national census is a good example of this type of information gathering. This is very costly because it takes a lot of people to talk to everyone. However, in cases such as a national census, it is necessary to have a complete enumeration despite the cost.

Another way to collect information is through a sample survey. When it is not necessary to know exact total numbers, a sample survey can collect information about people much more quickly and at a low-cost. The sampling procedure allows us to collect data on a small number of people and draw conclusions that are valid for the whole country.

The accuracy of a sample survey depends, among other things, on the size of the sample. The exact number to be interviewed for any survey is determined by statistical methods which we will not try to discuss in this training session. What you should know, however, is that the sample size for this survey reflects the number of interviews that are needed to provide an accurate picture of the population, health and nutrition situation in [COUNTRY]. Consequently, it is critical to a survey that fieldworkers try their hardest to complete all assigned interviews to ensure that the correct number of people are included in the survey.

The accuracy of a sample survey also depends on another major factor, the absence of bias that would affect the proportions found through the sample. To control or prevent bias from creeping into the results, the selection of people included in the sample must be absolutely random. This means that every person in the total population to be studied has the same opportunity to be selected in the sample. This is why it is so important to make callbacks to reach those people who are not at home, since they may be different from people who are at home. For example, it may be that women who have no children are more likely to be working away from the house, and if we don’t call back to interview them, we may bias the fertility estimates.

For the [COUNTRY] DHS, the sample consists of [NUMBER] clusters (small geographically defined areas) throughout the country. The households in each of these clusters have recently been listed or enumerated. A sample of households was then scientifically selected to be included in the DHS survey from the list in each of the clusters. Each of these households will be visited and information obtained about the household using the Household Questionnaire. Women and men within these households will be interviewed using an Individual Questionnaire. Women age 15-49 years will be interviewed using the individual Woman's Questionnaire. Men age [15-49] years will be interviewed using the individual Man's Questionnaire. We expect to interview about [NUMBER] women and [NUMBER] men in this survey. Studying the fertility, health, and family planning behavior and attitudes of these women and men will provide insights into the behavior and attitudes of persons in [COUNTRY].

C. Survey Organization

The [COUNTRY] DHS is being conducted at the request of the [SPONSORING ORGANIZATION] which has a primary role in the planning for the survey and in the analysis and dissemination of the survey results.

The [IMPLEMENTING AGENCY (IA)] will serve as the implementing agency for the DHS. The [IA] will take responsibility for operational matters including planning and conducting fieldwork, processing of collected data and organizing the writing and distribution of reports. The [IA] will furnish the necessary central office space for survey personnel and will undertake to secure transport for the data collection activities. Staff from the [IA] will be responsible for overseeing the day-to-day technical operations including recruitment and training of field and data processing staff and the supervision of the office and field operations.

Financial support for the DHS will be provided by [GOVERNMENT OF COUNTRY], USAID and [OTHER DONORS]. Staff of the Demographic and Health Surveys project of ICF International will provide technical assistance during all phases of the survey.

During the DHS fieldwork, you will work in a team consisting of [NUMBER] female interviewers and [NUMBER] male interviewers, a supervisor, and a field editor. Each team will be accompanied by a driver. Each supervisor will be responsible for a team of interviewers. The supervisor will be assisted by the field editor, who will be in charge of the team in the absence of the supervisor. The specific duties of the supervisor and the field editor are described in detail in the Supervisor's and Editor's Manual.

In addition, the team will include [NUMBER] biomarker technicians. These individuals will be responsible for drawing blood from eligible persons for the tests of anemia [and HIV]. They will also be responsible for the anthropometric measurements of eligible women, men and children. The supervisor and the field editor will have also received biomarker training so that they may supervise the technicians and assist them as needed. All interviewers will be trained to assist the technicians in taking the anthropometric measurements (height and weight measures) of women and children under age 6.

In the central office there will be a team of regional coordinators responsible for supervising fieldwork teams. These coordinators will ensure regular progress of data collection in the clusters. They will monitor data quality and provide for the regular transfer of completed questionnaires and blood samples to the central office. Data entry staff and computer programmers also will be assigned to the project.

D. Survey Questionnaires

The households that have been scientifically selected to be included in the DHS sample will be visited and enumerated using a Household Questionnaire. The Household Questionnaire includes a cover sheet to identify the household and a form on which all members of the household and visitors are listed. This form is used to record some information about each household member, such as name, sex, age, education, and survival of parents for children under age 18. The Household Questionnaire also collects information on housing characteristics such as type of water source, sanitation facilities, quality of flooring, and ownership of durable goods.

The Household Questionnaire permits the interviewer to identify women and men who are eligible to be interviewed with the relevant Individual Questionnaire. Women age 15-49 years and men age 15-[49] years who are members of the household (those that usually live in the household) or visitors (those who do not usually live in the household but who stayed there the previous night) are eligible to be interviewed.

The Household Questionnaire also permits the interviewer to identify women, men, and children who are eligible for anthropometry and anemia [and HIV] testing. Women age 15-49, men age 15-[49], and children age 0-5 years will be weighed and measured (height or length) to assess their nutritional status. Among these same populations, women, men, and those children over age 6 months are eligible for anemia testing. [In addition, women age 15-49 and men age 15-[49] are eligible for HIV testing.]

After all of the eligible women in a household have been identified, you will use the individual Woman's Questionnaire to interview the women you are assigned. The Woman's Questionnaire collects information on the following topics:

- Socio-demographic characteristics
- Reproduction
- Family planning
- Maternal health care and breastfeeding
- Immunization and health of children
- Children's nutrition
- Marriage and sexual activity
- Fertility preferences
- Husband's background characteristics and woman's employment activity
- HIV/AIDS and other sexually transmitted infections
- Other health issues

Similarly, after all of the eligible men in a household have been identified, you will use the individual Man's Questionnaire to interview the men you are assigned. The Man's Questionnaire collects information on the following topics:

- Socio-demographic characteristics
- Reproduction
- Family planning
- Marriage and sexual activity
- Fertility preferences
- Employment and gender roles
- HIV/AIDS and other sexually transmitted infections
- Other health issues

E. Interviewer's Role

The interviewer occupies the central position in the DHS because he/she collects information from respondents. Therefore, the success of the DHS depends on the quality of each interviewer's work.

In general, the responsibilities of an interviewer include the following:

- Locating the structures and households in the sample, and completing the Household Questionnaire

- Identifying all eligible respondents in those households

- Interviewing all eligible respondents in the households using the individual Woman's or Man's Questionnaire

- Checking completed interviews to be sure that all questions were asked and the responses neatly and legibly recorded

- Returning to households to interview respondents who could not be interviewed during the initial visit.

These tasks will be described in detail throughout this manual. In addition, the Anthropometry and Anemia [and HIV Testing] Field Manual discusses the procedures involved in collecting blood samples from adults and children.

F. Training of Interviewers

Although some people are more adept at interviewing than others, one can become a good interviewer through experience. Your training will consist of a combination of classroom training and practical experience. Before each training session, you should study this manual carefully along with the questionnaire, writing down any questions you have. Ask questions at any time to avoid mistakes during actual interviews. Interviewers can learn a lot from each other by asking questions and talking about situations encountered in practice and actual interview situations.

Each of you will receive a package with the following materials.

- Household Questionnaire
- Individual Questionnaire[s]
- Interviewer's Manual

- Anthropometry and Anemia [and HIV Testing] Field Manual (for those selected for these activities)

Please ensure that you bring these materials each day during the training and to the field during fieldwork.

During the training, the questionnaire sections, questions, and instructions will be discussed in detail. You will see and hear demonstration interviews conducted in front of the class as examples of the interviewing process. You will practice reading the questionnaire aloud to another person several times so that you may become comfortable with reading the questions aloud. You will also be asked to take part in role playing in which you practice by interviewing another trainee.

The training will also include field practice interviewing in which you will actually interview household respondents and eligible women or men. You will be required to check and edit the questionnaires just as you would do in the actual fieldwork assignments.

You will be given tests to see how well you are progressing during your formal training period. At the end of the training course, the interviewers will be selected based on their test results and performance during the field practice.

The training you receive as an interviewer does not end when the formal training period is completed. Each time a supervisor meets with you to discuss your work, your training is being continued. This is particularly important during the first few days of fieldwork. As you run into situations you did not cover in training, it will be helpful to discuss them with your team. Other interviewers may be running into similar problems, so you can all benefit from each other's experiences.

G. Supervision of Interviewers

Training is a continuous process. Observation and supervision throughout the fieldwork are a part of the training and data collection process. Your team supervisor and the field editor will play very important roles in continuing your training and in ensuring the quality of the DHS data. They will:

- Spot-check some of the addresses selected for interviewing to be sure that you interviewed the correct households and the correct respondents
- Review each questionnaire to be sure it is complete and consistent
- Observe some of your interviews to ensure that you are asking the questions in the right manner and recording the answers correctly
- Meet with you on a daily basis to discuss performance and give out future work assignments
- Help you resolve any problems that you might have with finding the assigned households, understanding the questionnaire, or dealing with difficult respondents.

H. DHS Regulations

The survey director may terminate the service of any interviewer who is not performing at the level necessary to produce the high-quality data required to make the DHS a success.

For the workload to be equally divided and the support equally shared, the following survey regulations have been established and will be strictly enforced:

1. Except for illnesses, any person who is absent from duty during any part of the training or any part of the fieldwork (whether it is a whole day or part of a day) without prior approval from his/her supervisor may be dismissed from the survey.

2. The selection of the survey team members is competitive; it is based on performance, ability, and testing results during the training. Therefore, any person found offering assistance to or receiving assistance from another person during tests will be dismissed from the survey.

3. Throughout the survey training and the fieldwork period, you are representing [IA], an organization of the Government of [COUNTRY]. Your conduct must be professional and your behavior must be congenial in dealing with the public. We must always be aware of the fact that we are only able to do our work with the good will and cooperation of the people we interview. Therefore, any team member who is consistently overly aggressive, abrupt, or disrespectful to the people in the field may be dismissed from the survey team.

4. For the survey to succeed, each team must work closely together, sharing in the difficulties and cooperating and supporting each other. We will attempt to make team assignments in a way that enhances the cooperation and good will of the team. However, any team member who in the judgment of the survey director creates a disruptive influence on the team may be asked to transfer to another team or may be dismissed from the survey.

5. It is critical that the data gathered during the fieldwork be both accurate and valid. To control for inaccurate or invalid data, spot checks will be conducted. Interviewers may be dismissed at any time during the fieldwork if their performance is not considered adequate for the high quality this survey demands.

6. Vehicles and gasoline are provided for the survey for official use only. Any person using the vehicle for an unauthorized personal reason will be dismissed from the survey.

7. DHS data are confidential. **They should not be discussed with anyone other than members of your survey team.** Under no circumstances should confidential information be passed on to third parties. In keeping with this policy, it is also important that you never interview anyone you may know in the survey. Persons breaking these rules, and therefore the confidence placed in them, will be dismissed.

I. Sexual Harassment

Sexual harassment will not be tolerated during the process of conducting a DHS Survey. By sexual harassment, we mean unwelcome sexual advances, requests for sexual favors, and other sexual comments or actions that make the receiver feel offended or intimidated. Sexual harassment may hurt work performance, and in some cases, an individual may feel that they must comply with the unwelcome advances or requests in order to keep their job. Sexual harassment can be committed by a man towards a woman, by a woman towards a man, or between two individuals of the same gender.

To avoid any appearance of sexual harassment, individuals should be careful to avoid unnecessary physical contact and suggestive language and should maintain a professional work climate at all times.

Anyone who feels that he or she has been the target of sexual harassment or who has witnessed an apparent incident of harassment should immediately report the incident to his or her supervisor, or to the survey manager. The implementing agency is required to investigate the claim and keep reports confidential to the extent possible. The implementing agency must take actions to prevent and correct harassing behavior. These actions can include changing workspace, reassigning interviewers or supervisors to different teams and other disciplinary actions. Retaliation against individuals filing complaints of sexual harassment will also trigger disciplinary action.

II. CONDUCTING AN INTERVIEW

Successful interviewing is an art and should not be treated as a mechanical process. Each interview is a new source of information, so make it interesting and pleasant. The art of interviewing develops with practice but there are certain basic principles that are followed by every successful interviewer. In this section you will find a number of general guidelines on how to build rapport with a respondent and conduct a successful interview.

A. Building Rapport with the Respondent

The supervisor will assign an interviewer to make the first contact with each of the households selected for the DHS. Any capable adult member of the household is a suitable respondent for the household interview (this person may or may not be age 15-49). If at least one eligible person is identified in the Household Questionnaire, the interviewer will go on to complete an Individual Questionnaire or pass the interview along to a colleague if they are not the same gender as the respondent.

As an interviewer, your first responsibility is to establish a good rapport with a respondent. At the beginning of an interview, you and the respondent are strangers to each other. The respondent's first impression of you will influence their willingness to cooperate with the survey. Be sure that your manner is friendly as you introduce yourself. Before you start to work in an area, your supervisor will have informed the local leaders, who will in turn inform selected households in the area that you will be coming to interview them. You will also be given a letter and an identification badge that states that you are working with [IA].

1. Make a good first impression.

When you arrive at the household, do your best to make the respondent feel at ease. With a few well-chosen words, you can put the respondent in the right frame of mind for the interview. Open the interview with a smile and greeting such as "good afternoon" and then proceed with your introduction.

2. Obtain respondent(s) consent to be interviewed.

You must obtain a respondent's informed consent for participation in the survey before you begin an interview. Special statements are included at the beginning of the Household Questionnaire and the Individual Questionnaires. The statements explain the purpose of the survey. They assure a respondent that participation in the survey is completely voluntary and that it is their right to refuse to answer any questions or stop the interview at any point. Be sure to read the informed consent statement exactly as it is written before asking a respondent to participate in a household or individual interview.

3. Always have a positive approach.

Never adopt an apologetic manner, and do not use words such as "Are you too busy?" Such questions invite refusal before you start. Rather, tell the

respondent, “I would like to ask you a few questions” or “I would like to talk with you for a few moments.”

4. Assure confidentiality of responses.

If the respondent is hesitant about responding to the interview or asks what the data will be used for, explain that the information you collect will remain confidential, no individual names will be used for any purpose, and all information will be grouped together to write a report.

Also, you should never mention other interviews or show completed questionnaires to the supervisor or field editor in front of a respondent or any other person.

5. Answer any questions from the respondent frankly.

Before agreeing to be interviewed, the respondent may ask you some questions about the survey or how he or she was selected to be interviewed. Be direct and pleasant when you answer.

The respondent may also be concerned about the length of the interview. If they ask, tell female respondents that the interview usually takes about 30-60 minutes and tell male respondents that the interview takes about 20 minutes. If the respondent for the Household Questionnaire is a man or woman age 50 or older, you can tell the respondent that the interview usually takes about 15 to 20 minutes, since that person will answer only the Household Questionnaire. Indicate your willingness to return at another time if it is inconvenient for the respondent to answer questions then.

Respondents may ask questions or want to talk further about the topics you bring up during the interview, e.g., about specific family planning methods. It is important not to interrupt the flow of the interview so tell them that you will be happy to answer their questions or to talk further after the interview.

6. Interview the respondent alone.

The presence of a third person during an interview can prevent you from getting frank, honest answers from a respondent. It is, therefore, very important that the individual interview be conducted privately and that all questions be answered by the respondent.

If other people are present, explain to the respondent that some of the questions are private and ask to interview the person in the best place for talking alone. Sometimes asking for privacy will make others more curious, so they will want to listen; you will have to be creative. Establishing privacy from the beginning will allow the respondent to be more attentive to your questions.

If it is impossible to get privacy, you may have to carry out the interview with the other people present. However, in such circumstances, it is important that you remember that:

- If there is more than one eligible respondent in the household, you must not interview one in the presence of the other

- Extra effort should be made to gain privacy if the other person is of the opposite sex, particularly the husband or wife. One way to ensure privacy in this case is to have the husband and wife interviewed simultaneously in two different areas of the household

In all cases where other individuals are present, try to separate yourself and the respondent from the others as much as possible.

B. Tips for Conducting the Interview

1. Be neutral throughout the interview.

Most people are polite and will tend to give answers that they think you want to hear. It is therefore very important that you remain absolutely neutral as you ask the questions. Never, either by the expression on your face or by the tone of your voice, allow the respondent to think that he/she has given the "right" or "wrong" answer to the question. Never appear to approve or disapprove of any of the respondent's replies.

The questions are all carefully worded to be neutral. They do not suggest that one answer is more likely or preferable to another answer. If you fail to read the complete question, you may destroy that neutrality. For example, the following is a question in the DHS: "Would you like to have another child or would you prefer not to have any more children?" It is a neutral question. However, if you only ask the first part—"would you like to have another child?"—you are more likely to get a "YES" answer. This is what we call a "leading question." That is why it is important to read the whole question as it is written.

If the respondent gives an ambiguous answer, try to probe in a neutral way, asking questions such as the following:

"Can you explain a little more?"
"I did not quite hear you; could you please tell me again?"
"There is no hurry. Take a moment to think about it."

2. Never suggest answers to the respondent.

If a respondent's answer is not relevant to a question, do not prompt him/her by saying something like "I suppose you mean that. . . Is that right?" In many cases, he/she will agree with your interpretation of his/her answer, even when that is not what he/she meant. Rather, you should probe in such a manner that the respondent himself/herself comes up with the relevant answer. You should never read out the list of coded answers to the respondent, even if he/she has trouble answering.

3. Do not change the wording or sequence of questions.

The wording of the questions and their sequence in the questionnaire must be maintained. If the respondent has not understood the question, you should repeat the question slowly and clearly. If there is still a problem, you may reword the question, being careful not to alter the meaning of the original question. Provide only the minimum information required to get an appropriate response.

4. Handle hesitant respondents tactfully.

There will be situations where the respondent simply says, “I don’t know,” gives an irrelevant answer, acts very bored or detached, or contradicts something they have already said. In these cases, you must try to re-interest them in the conversation. For example, if you sense that they are shy or afraid, try to remove their shyness or fear before asking the next question. Spend a few moments talking about things unrelated to the interview (for example, their town or village, the weather, their daily activities, etc.).

If the respondent is giving irrelevant or elaborate answers, do not stop them abruptly or rudely, but listen to what they have to say. Then try to steer them gently back to the original question. A good atmosphere must be maintained throughout the interview. The best atmosphere for an interview is one in which the respondent sees the interviewer as a friendly, sympathetic, and responsive person who does not intimidate them and to whom they can say anything without feeling shy or embarrassed. As indicated earlier, a major problem in gaining the respondent’s confidence may be one of privacy. This problem can be prevented if you are able to obtain a private area in which to conduct the interview.

If the respondent is reluctant or unwilling to answer a question, explain once again that the same question is being asked of women or men all over [COUNTRY] and that the answers will all be merged together. If the respondent is still reluctant, simply write REFUSED next to the question and proceed as if nothing had happened. Remember, the respondent cannot be forced to give an answer.

5. Do not form expectations.

You must not form expectations of the ability and knowledge of the respondent. For example, do not assume women and men from rural areas or those who are less educated or illiterate do not know about family planning or various family planning methods.

6. Do not hurry the interview.

Ask the questions slowly to ensure the respondent understands what is being asked. After you have asked a question, pause and give the respondent time to think. If the respondent feels hurried or is not allowed to formulate their own opinion, they may respond with “I don’t know” or give an inaccurate answer. If you feel the respondent is answering without thinking just to speed up the interview, say to the respondent, “There is no hurry. Your opinion is very important, so consider your answers carefully.”

C. Language of the Interview

The questionnaires for the DHS have been translated into [COUNTRY LANGUAGE(S) in which interviewing will take place]. One of the first things you will do when you approach a household to do an interview is to establish the language or languages that are spoken there. We will be arranging the field teams in such a way that you will be working in an area in which your language is spoken, so there should be few cases in which respondents do not speak your

language. In such cases you might be able to find another language that both of you speak and you will be able to conduct the interview in that language.

However, in some cases, it will not be possible for you to find a language which both you and the respondent speak. In this case, try to find out if the respondent speaks a language which another member of your team or the team supervisor speaks. If so, tell your supervisor so that he or she can arrange for that person to conduct the interview.

If at all possible, try to avoid using interpreters since this not only jeopardizes the quality of the interview but also will mean that the interview will take more time to conduct. However, if the respondent does not speak a language which any of your team members speak, you will need to rely on a third person to translate for you. Since the interview involves some sensitive topics, it is best if you can find another woman to act as an interpreter if you are conducting the woman’s interview. You should not use the respondent's husband as an interpreter under any circumstances. Children are also unsuitable interpreters.

We will be practicing interviews in the local languages during training. However, there may be times when you will have to modify the wording of the questions to fit local dialects and culture. It is very important not to change the meaning of the question when you rephrase it or interpret it into another language.

III. FIELDWORK PROCEDURES

Fieldwork for the DHS will proceed according to a timetable, and the survey will be successful only if each member of the interviewing team understands and follows correct field procedures. The following sections review these procedures and describe the proper procedures for receiving work assignments and keeping records of selected households.

A. Preparatory Activities and Assignment Sheets

1. Interviewer's Assignment Sheets

Each morning, your supervisor or field editor will brief you on your day's work and explain how to locate the households assigned to you. When they assign households to you, you should write the identification information on the Interviewer's Assignment Sheet (see Figure 1). The identifying information such as the household number, structure number or address, name of the head of the household and whether or not the household is selected for male interview will be written in Columns (1) through (4).

Columns (5) through (17) of the Interviewer's Assignment Sheet serve as a summary of the results of your work in the field for each household. At the end of the day, you will be responsible for recording in these columns the final outcome for all household visits and individual interviews you conducted.

When you receive your work assignment, review it and ask any questions you might have. Remember that your supervisor will not always be available to answer questions when the work begins. You should be sure that:

- Columns (1) through (4) of your Interviewer's Assignment Sheet are complete and that they contain all the information you will need to identify the selected households
- You have a Household Questionnaire for each household you are assigned
- You fill in the identification information on the cover page of each Household Questionnaire
- You know the location of the selected households you are to interview, and have sufficient materials (maps, written directions, etc.) to find them
- You understand any special instructions from your supervisor about contacting the households you are assigned
- You have several blank Woman's and Man's questionnaires.

After completing a household interview, you will record the following information from the Household Questionnaire in the appropriate columns in the Assignment Sheet:

- Column (5): final result of the household interview (from the cover page)
- Columns (9) and (10): number of eligible women and their line numbers
- Columns (13) and (14): number of eligible men and their line numbers

If a household is selected for female interview only with no blood collection, leave Columns (6)-(8), Column (12), and Columns (13)-(16) blank for that household.

FIGURE 1: DHS INTERVIEWER'S ASSIGNMENT SHEET

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CLUSTER NUMBER		INTERVIEWER NAME _____	INTERVIEWER NUMBER		NO OF RESPONDENTS ELIGIBLE FOR HIV TEST		COUNT OF BLOOD SAMPLES	

HOUSEHOLDS					CHILDREN			WOMEN				MEN				
DHS HOUSE-HOLD NUMBER (1)	STRUC-TURE NUMBER OR ADDRESS (2)	NAME OF HOUSEHOLD HEAD (3)	HOUSE-HOLD SELECTED FOR MALE SURVEY (4)	INTER-VIEW FINAL RESULT (5) *	TOTAL ELIGIBLE CHILDREN 6-59 MONTHS (Q.208=2) (6)	LINE NUMBER OF ELIGIBLE CHILD (7)	TESTED FOR ANAEMIA (8)	TOTAL ELIGIBLE WOMEN (9)	LINE NUMBER OF ELIGIBLE WOMAN (10)	INTER-VIEW FINAL RESULT (11) **	BLOOD SAMPLE TAKEN FOR HIV TEST (12)	TOTAL ELIGIBLE MEN (13)	LINE NUMBER OF ELIGIBLE MAN (14)	INTER-VIEW FINAL RESULT (15) **	BLOOD SAMPLE TAKEN FOR HIV TEST (16)	NOTES (17)
			Y N				Y N				Y N				Y N	
							Y N				Y N				Y N	
							Y N				Y N				Y N	
							Y N				Y N				Y N	
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							Y N				Y N				Y N	
							Y N				Y N				Y N	

* CODES FOR COLUMN (5)

1 COMPLETED
2 NO HH MEMBER AT HOME/NO COMPETENT RESPONDENT
3 ENTIRE HH ABSENT FOR EXTENDED PERIOD
4 POSTPONED
5 REFUSED
6 DWELLING VACANT/ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER

** CODES FOR COLUMNS (11) AND (15)

1 COMPLETED
2 NOT AT HOME
3 POSTPONED
4 REFUSED
5 PARTLY COMPLETED
6 INCAPACITATED
7 OTHER

TOTAL NUMBER OF HOUSEHOLD QUESTIONNAIRES	TOTAL NUMBER OF WOMAN'S QUESTIONNAIRES	TOTAL NUMBER OF MAN'S QUESTIONNAIRES	NUMBER OF CHILDREN ELIGIBLE FOR ANAEMIA TESTING	NUMBER OF CHILDREN TESTED FOR ANAEMIA

[COLUMNS (6)-(8), (12) AND (16) RELATE TO BLOOD COLLECTION. THE INTERVIEWERS ASSIGNMENT SHEET SHOULD BE ADAPTED TO THE SET OF BIOMARKERS BEING COLLECTED IN THE SURVEY. NOTE THAT WHEN COLUMNS (6)-(8) ARE USED, THEY APPLY TO CHILDREN ELIGIBLE TO BE TESTED FOR ANAEMIA, THAT IS, CHILDREN 6 TO 59 MONTHS OF AGE RATHER THAN CHILDREN 0 TO 59 MONTHS WHO ARE ELIGIBLE FOR ANTHROPOMETRY.]

The next step is to fill in the identification information on the cover sheet of the Individual Questionnaire for each eligible respondent identified in the Household Schedule and recorded in Columns (10) and (14) on the Assignment Sheet.

During the fieldwork in a cluster, it is important that, for each household you are assigned, you keep the Household and all Individual Questionnaires together. Always place the Woman's Questionnaire(s) inside the Household Questionnaire in ascending order by line number. Put the Man's Questionnaires after the Woman's Questionnaires.

2. Making callbacks

Because each household has been carefully selected, you must make every effort to conduct interviews with the individuals who are identified as eligible in that household. Sometimes a household member will not be available at the time you first visit. You need to make at least 3 visits on three separate times of the day or days when trying to obtain an individual interview to maximize the possibility of successfully completing the individual interview.

At the beginning of each day, you should examine the cover sheets of your questionnaires to see if you made any appointments for revisiting a household or eligible respondent. If no appointments were made, make your callbacks to a respondent at a different time of day than the earlier visits; for example, if the initial visits were made in the early afternoon, you should try to arrange your schedule so you make a call back in the morning or late afternoon. Scheduling callbacks at different times is important in reducing the rate of non-response (i.e., the number of cases in which you fail to contact a household or complete an individual interview).

You will return the household questionnaire and any questionnaires for eligible respondents to your team supervisor or editor as soon as you have completed work in a household. Before returning the questionnaires, be sure to record information on the result of the interviewing processing in the household on the Interviewer's Assignment Sheet:

- Column (11): final result of the interview with an eligible woman (from the cover page of the Woman's Questionnaire)
- Column (15): final result of the interview with an eligible man (from the cover page of the Man's Questionnaire)
- Column (17): any observation about the effort to interview a household or respondent that may be helpful to your team supervisor or editor, e.g., the reason the interview could not be completed or the time you expect to callback to get an interview.

There are several boxes on the Interviewer's Assignment Sheet to record totals. After completing work in the cluster, fill in the boxes on the first page with the totals for the whole cluster. Leave these boxes blank on the subsequent sheets for that cluster.

It is important that you fill in the visit record on the Interviewer's Assignment Sheet accurately since this form provides a summary of all eligible respondents in the DHS sample. These forms will be returned to the central office for review after completion of interviewing and will be used to check that there are questionnaires for all eligible respondents.

3. Keeping questionnaires confidential

You are responsible for seeing that the questionnaires are kept confidential. Do not share the results with other interviewers. You should never interview a household in which you know one or more of the members, even if they are only casual acquaintances. If you are assigned to a household in which you know a person even if that person is not eligible for interview, you should notify your supervisor so he can assign that household to another interviewer. You should not attempt to see the completed questionnaires for that household nor discuss the interview results with your colleagues.

4. Supplies and documents needed for fieldwork

Before starting fieldwork each morning, verify that you have everything you need for the day's work. Some necessary supplies include:

- Interviewer's Assignment Sheet
- A sufficient number of questionnaires
- Interviewer's Manual
- Your personnel identification
- Something hard to write on
- Blue ink pens
- A bag to carry questionnaires and materials

B. Contacting Households and Eligible Respondents

1. Locating sample households

In recent months, household listing teams visited each of the selected sample clusters to:

1) prepare up-to-date maps to indicate the location of structures;
2) record address information for each structure or describe their location (for areas lacking street names or numbers on structures);
3) write numbers on structures; and
4) make a list of the names of the heads of households in all of the structures.

A structure is a freestanding building, for a residential or commercial purpose. It may have one or more rooms in which people live; it may be an apartment building, a house, or a thatched hut, for instance.

Within a structure, there may be one or more dwelling (or housing) units. A *dwelling unit* is a room or group of rooms occupied by one or more households. It may be distinguished from the next dwelling unit by a separate entrance. For instance, there would be one dwelling unit in a thatched hut, but there may be 50 dwelling units in an apartment building or five dwelling units in a compound.

Within a dwelling unit, there may be one or more households. By definition, a *household* consists of a person or group of persons, related or unrelated, who live together in the same dwelling unit, who acknowledge one adult male or female as the head of household, who share the same living arrangements, and are considered as one unit. In some cases one may find a group of people living together in the same house, but each person has separate eating arrangements; they should be counted as separate one-person households. Collective living arrangements such as hostels, army camps, boarding schools, or prisons are not considered as households in the DHS.

Specific households have been selected to be interviewed, and you should not have any trouble in locating the households assigned to you if you use the structure number and the name of the head of the household to guide you. The structure number is usually written above the door of the house, but sometimes it may be on the wall. Although the supervisor of your team will be with you in the field, it is important that you also know how to locate the structures in the sample by using the sketch map.

2. Problems in contacting a household

In some cases you will have problems locating the households that were selected because the people may have moved or the listing teams may have made an error. Here are examples of some problems you may find and how to solve them:

a) The household has moved away and a new one is now living in the same dwelling. In this case, interview the new household.

b) The structure number and the name of the household head do not match with what you find in the field. If you have located the correct dwelling, you should consider the household that is living in the dwelling as the selected household.

> *Example:* You are assigned a household headed by Thomas Smith that is listed as living in structure number DHS-004. But when you go to DHS-004, the household living there is headed by Michael Jones. After checking that you have not made a mistake about the structure or dwelling unit, you would interview the household headed by Michael Jones.

c) The household selected does not live in the structure that was listed. If there is a discrepancy between the structure number and the name of the household head, interview whoever is living in the structure assigned to you.

> *Example*: You are assigned a household headed by Robert Stevens located in DHS-007, and you find that the Stevens household actually lives in structure DHS-028, interview the household living in DHS-007.

d) The listing shows only one household in the dwelling, but two or more households are living there now. When the listing shows only one household and you find two households, interview both households. Make a note on the cover page of the household that was not on the listing. Your supervisor will assign this household a number, which you should enter on the questionnaire.

If the listing shows two households, only one of which was selected, and you find three households there now, only interview the one that had been selected and ignore the other two.

e) The head of the household has changed. In some cases, the person listed as the household head may have moved away or died since the listing. Interview the household that is living there.

f) The house is all closed up and the neighbors say the people are on the farm (or away visiting, etc.) and will be back in several days or weeks. Enter Code '3' (ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD). The house should be revisited at least two more times to make sure that the household members have not returned.

g) The house is all closed up and the neighbors say that no one lives there; the household has moved away permanently. Enter Code '6' (DWELLING VACANT OR ADDRESS NOT A DWELLING).

h) A household is supposed to live in a structure that when visited is found to be a shop and no one lives there. Check very carefully to see whether anyone is living there. If not, enter Code '6' (DWELLING VACANT OR ADDRESS NOT A DWELLING).

i) A selected structure is not found in the cluster, and residents tell you it was destroyed in a recent fire. Enter Code '7' (DWELLING DESTROYED).

j) No one is home and neighbors tell you the family has gone to the market. Enter Code '2' (NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT), and return to the household at a time when the family will be back.

Discuss with your supervisor any problems you have in locating the households that you are assigned to interview. Remember that the usefulness of the DHS sample in representing the entire country depends on the interviewers locating and visiting all the households they are assigned.

3. Identifying eligible respondents

To be "eligible" means to "qualify" for something. An eligible respondent is someone who is qualified to be included in our survey. You will use the Household Questionnaire to identify who is eligible to be interviewed with the Individual Questionnaire.

All women age 15-49 and men 15-[49] in selected households who are either members of the household or visitors who stayed in the household the night before the day you are conducting the interview are considered eligible in the DHS. It is very important that you do not miss an eligible respondent when you fill in the Household Schedule.

In certain cases, you may find it difficult to decide whether or not a respondent is eligible. Use these examples as a guide:

> *Example(s):* A visitor who spent the previous night in the house but is away at the market when you arrive is eligible. You must make callbacks to interview him.
>
> A woman is a usual resident but she spent the previous night away at her sister's house. She should be counted as a member of the household on the Household Schedule and is eligible to be interviewed.
>
> A young woman is away at the university and only returns for very short visits. She is not a usual resident of the household.

You must complete the cover page of an Individual Questionnaire for each eligible respondent that you identify in the household before starting the interview. If you cannot finish the interview for whatever reason, write the reason on the cover page. Take care to note any information that may be useful when you contact the person later.

In some households, there will be no eligible respondents (i.e., there will be no usual household members or visitors of eligible age). For these households, you will have a completed Household Questionnaire, with no accompanying Individual Questionnaire.

4. Problems in obtaining individual interviews

You may experience the following types of problems in obtaining an interview with an eligible respondent:

a) Eligible respondent not available. If the eligible respondent is not at home when you visit, enter Code '2' (NOT AT HOME) as the result for the visit on the cover sheet and ask a neighbor or family member when the respondent will return. You should contact the household at least three times, trying to make each visit at a different time of day. Under no circumstances is it acceptable to conduct all three visits on the same day and then stop attempting to contact the respondent.

b) Respondent refuses to be interviewed. The respondent's availability and willingness to be interviewed will depend in large part on the initial impression you make when you meet them. Introduce yourself and explain the purpose of the visit. Read the introduction printed on the Individual Questionnaire. You may emphasize the confidentiality of the information the respondent provides, and/or the short duration of the interview. If the respondent is unwilling to be interviewed, it may be that the present time is inconvenient. Ask whether another time would be more convenient and make an appointment. If the individual still refuses to be interviewed, enter Code '4' (REFUSED) as the result for the visit on the cover sheet and report it to your supervisor.

c) Interview not completed. A respondent may be called away during the interview or they may not want to answer all the questions at the time you visit them. If an interview is incomplete for any reason, you should arrange an appointment to see the respondent again as soon as possible to obtain the

missing information. Be sure that you record on the cover sheet of the questionnaire that the interview is incomplete by entering Code '5' (PARTLY COMPLETED) and indicate the time you agreed on for a revisit; you should also report the problem to your supervisor.

d) Respondent incapacitated. There may be cases in which you cannot interview a person because they are too sick, because they are mentally unable to understand your questions, or because they are deaf, etc. In these cases, record Code '6' (INCAPACITATED) on the cover sheet of the questionnaire and on your Assignment Sheet.

C. Checking Completed Questionnaires

It is the responsibility of the interviewer to review each questionnaire when the interview is finished. This review should be done before you leave the household so that you can be sure every appropriate question was asked, that all answers are clear and reasonable, and that your handwriting is legible. Also check that you have followed the skip instructions correctly. You may be able to make minor corrections yourself, but in many cases you will need to talk further with the respondent. Simply explain to the respondent that you made an error and ask the question(s) again.

Do not recopy questionnaires. As long as the answers are clear and readable, it is not necessary that the questionnaire itself be neat. Every time you transcribe the answers to a new questionnaire, you increase the chance of an error. For this reason you are not allowed to use work sheets to collect information. Record ALL information on the questionnaires provided. Any calculations you make should be written in the margins or on the back of the questionnaires.

Anything out of the ordinary should be explained either in the margins near the relevant question or in the comments section at the end. These comments are very helpful to the supervisor and field editor in checking questionnaires. Comments are also read in the office and used to resolve problems encountered during data entry.

D. Returning Work Assignments

At the end of fieldwork each day, check that you have filled out the cover sheet of a Household Questionnaire for each household assigned to you, whether or not you managed to complete an interview. Check also that you have completed the cover sheet of the Individual Questionnaire for each respondent identified, whether you were able to interview them or not. For all of the interviews that you have completed write the final result on the Interviewer Assignment Sheet and make any notes in Column (17) that may be of help to the Supervisor and Editor, such as any problems you experienced in locating a household or completing a Household Questionnaire or in conducting an interview with an eligible respondent. For difficult cases, at least three visits will be made to a household during the DHS in an effort to obtain a completed interview.

E. Data Quality

It is the responsibility of the field editor to review both the Household Questionnaires and the Individual Questionnaires from a sample cluster while

the interviewing team is still in the cluster. The editing rules are explained in detail in the Supervisor's/Editor's Manual. It is especially important for the field editor to conduct thorough edits of questionnaires at the initial stages of fieldwork. The supervisor should assist in editing questionnaires during the first few weeks of fieldwork. The field editor will discuss with each interviewer the errors found in the collection of data. It may sometimes be necessary to send an interviewer back to a respondent in order to correct some errors.

IV. GENERAL PROCEDURES FOR COMPLETING THE QUESTIONNAIRE

To collect the information needed by the DHS, you must understand how to ask each question, what information the question is attempting to collect, and how to handle problems that might arise during the interview. You must also know how to correctly record the answers the respondent gives and how to follow special instructions in the questionnaire. This part of the training manual is designed to familiarize you with the DHS questionnaire.

A. Asking Questions

It is very important that you ask each question exactly as it is written in the questionnaire. When you are asking a question, speak slowly and clearly so that the respondent will have no difficulty hearing or understanding the question. At times you may need to repeat the question to be sure the respondent understands it. In those cases, do not change the wording of the question but repeat it exactly as it is written.

If, after you have repeated a question, the respondent still does not understand it, you may have to restate the question. Be very careful when you change the wording, however, that you do not alter the meaning of the original question.

In some cases, you may have to ask additional questions to obtain a complete answer from a respondent (we call this 'probing'). If you do this, you must be careful that your probes are "neutral" and that they do not suggest an answer to the respondent. Probing requires both tact and skill, and it will be one of the most challenging aspects of your work as a DHS interviewer.

You will notice that some questions contain one or more words in parentheses. As shown below, the presence of parentheses indicates that a sentence needs to be adapted to fit the respondent's specific situation.

1. Parentheses that indicate a choice must be made:

Example:

802	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS ☐☐	

The question above is asked to female respondents. How you phrase the question – that is, which word in parentheses you choose to insert into the sentence – will depend on whether the respondent is married or is unmarried but lives with a man as if married. If the woman is married, you would ask "How old was your husband on his last birthday?" If the woman was unmarried but lives with a man, you would ask "How old was your partner on his last birthday?"

2. Parentheses that indicate a substitution must be made:

Example:

431	Was (NAME) weighed at birth?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 433) ← DON'T KNOW 8

Notice that the word in parentheses is in all in capital letters. As you will learn about later (see Section D below), words in all-caps are instructions to interviewers that are not meant to be read out loud. Instead, in this example, substitute in the name of the individual the question is being asked about. For instance, if you are asking about the weight of a woman's son named Barack, ask "Was Barack weighed at birth?"

3. Parentheses that indicate an additional word may be needed:

Example:

522	Was he/she given any of the following to drink at any time since he/she started having the diarrhea:		YES	NO	DK
	a) A fluid made from a special packet called an ORS sachet?	FLUID FROM ORS PKT	1	2	8
	b) A pre-packaged ORS liquid?	ORS LQD	1	2	8
	c) A government-recommended homemade fluid?	HOMEMADE FLUID . . .	1	2	8
523	Was anything (else) given to treat the diarrhea?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 525) ← DON'T KNOW 8			

The way the respondent has answered a prior question can affect the way you will ask later questions. If you had learned in Q.522 that the respondent had given her child a form of oral rehydration therapy when the child started having diarrhea, you would then ask in Q. 523 "Was anything else given to treat the diarrhea?" If in Q.522 you learned that the respondent had not given her child a fluid made from an ORS sachet, a prepackaged ORS liquid, or a government-recommended fluid, you would ask "Was anything given to treat the diarrhea?"

B. Recording Responses

In the DHS, all interviewers will use pens with blue ink to complete all questionnaires. Supervisors and field editors will do all their work using pens with red ink. Never use a pencil to complete the survey questionnaire.

There are three types of questions in the DHS questionnaire: 1) questions that have precoded responses; 2) questions that do not have precoded responses, i.e., that are "open-ended"; and 3) filters.

1. Questions with precoded responses

For some questions, we can predict the types of answers a respondent will give. The responses to these questions are listed in the questionnaire. To record a respondent's answer, you merely circle the number (code) that corresponds to the reply. Make sure that each circle surrounds only a single number.

Example:

104	Have you ever attended school?	YES.....(1) NO.....2	→ 108

In some cases, precoded responses will include 'OTHER'. The OTHER code should be circled only when the respondent's answer is different from any of the precoded responses listed for the question. Before using the OTHER code, you should make sure the answer does not fit in any of the specified categories. When you circle the OTHER code for a particular question you must <u>always</u> write the respondent's answer in the space provided. If you need more room, use the margins or the comments section at the end. If you use the comments section, write, "see note in comments section" next to that question.

Example:

240	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS.....1 DURING HER PERIOD.....2 RIGHT AFTER HER PERIOD HAS ENDED…3 HALFWAY BETWEEN TWO PERIODS.....4 OTHER **Full moon** (6) (SPECIFY) DON'T KNOW.....8	

2. Recording responses that are not precoded

The answers to some questions are not precoded but require that you write the respondent's answer in the space provided.

Recording numbers or dates in boxes. In some questions, you will record a number or date in the boxes provided. There are two ways this is done:

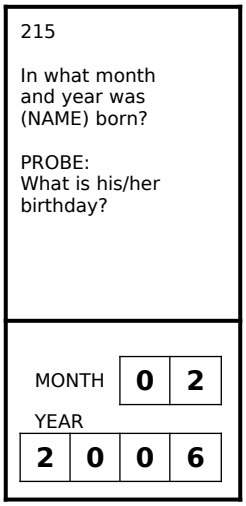
- **Boxes preceded by codes**. Whenever the boxes are preceded by codes, you will fill in the boxes in one row only. You must first circle the code that identifies the row you have chosen and then fill in the response in the boxes only for that row.

Example: If the respondent says her last period started three days ago, circle Code '1' for DAYS AGO and write the response in the boxes next to the '1'.

238	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO.....(1) **0 3** WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY.....994 BEFORE LAST BIRTH .....995 NEVER MENSTRUATED.....996	.

- **Boxes without preceding codes**. Whenever boxes are present without codes in front of them, you must enter information in all of the boxes.

Example: For a child born in February 2006, you must record both the month and year.



When a response has fewer digits than the number of boxes provided, you should fill in leading zeroes. For example, a response of '9' is recorded '09' in two boxes, or if three boxes had been provided, you would record '009'.

Recording the answer exactly as given. There are questions where you must write down the response in the respondent's own words. Try to record those answers exactly as they are given; if you need to shorten a lengthy description, be careful to keep the meaning accurate, and if necessary, write a note on the bottom or side of the page to explain.

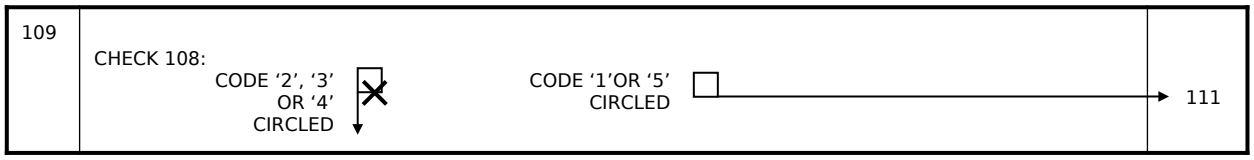
Example:

811	What is your occupation, that is, what kind of work do you mainly do?	**Selling fruit in**	.

3. Marking filters

Filters require you to look back to the answer to a previous question and then mark an 'X' in the appropriate box. (See Section D.2 for description of filters.)

Example:



C. Correcting Mistakes

It is very important that you record all answers neatly. For precoded responses, be sure that you circle the code for the correct response carefully. For open ended responses, the reply should be written legibly so that it can be easily read. If you made a mistake in entering a respondent's answer or she changes her reply, be sure that you cross out the incorrect response and enter the right answer. Do not erase an answer. Just put two lines through the incorrect response.

Here is how to correct a mistake:

Example:

901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	→ 937

Remember that if you are not careful to cross out mistakes neatly, it may not be possible to determine the correct answer when the data are entered later into the computer.

D. Following Instructions

Throughout the DHS questionnaire, instructions for the interviewer are printed in all CAPITAL LETTERS, whereas questions to be asked of the respondent are printed in small letters. You should pay particular attention to the skip and filter instructions that appear throughout the questionnaire.

1. Skip instructions

It is very important not to ask a respondent any questions that are not relevant to his or her situation. For example, a woman who is not pregnant should not be asked for how many months she has been pregnant. In cases where a particular response makes subsequent questions irrelevant, an instruction is written in the questionnaire directing you to skip to the next appropriate question. It is important that you carefully follow skip instructions.

Example: In Q. 303, notice that if you circled Code '2' you would skip to Q. 311. Q. 304 is about the methods of contraception the woman is currently using and is only asked of women who responded 'YES' to Q. 303.

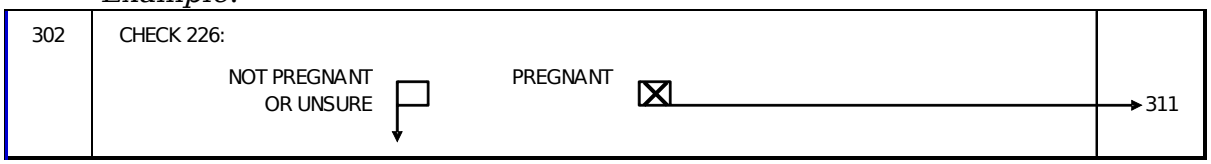
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	→ 311

2. Filters

To ensure the proper flow of the questionnaire, you will sometimes be directed to check a respondent's answer to an earlier question, indicate what the response was by marking a box, and then follow various skip instructions. Questions of this type are called "filters"; they are used to prevent a respondent from being asked irrelevant, and perhaps embarrassing or upsetting, questions.

For filter questions, it is important that you follow the instructions that ask you to check back to an earlier question. Do not rely on your memory. Remember that you do not need to ask the respondent the same question a second time. Check back and mark an 'X' in the appropriate box in the filter, then follow the skip instructions.

Example:



V. HOUSEHOLD QUESTIONNAIRE

The purpose of the Household Questionnaire is to provide information on general characteristics of the population and their households. You will use it to identify women who are eligible to be interviewed with the Woman's Questionnaire, and men who are eligible to be interviewed with the Man's Questionnaire.

A. Identification of Household on the Cover Page

Before you go to a selected household, fill in the identification information in the box at the top of the cover page. The identification information is obtained from the sample household listing and will be given to you by your supervisor.

The following are key points in completing the identification section[2]:

- Write the name of the place or locality in which you are working.
- Write the name of the head of the household that you are to interview.
- Record the Cluster number and Household number in the boxes to the right of those lines.

You will fill in the rest of the cover page after you have conducted the interview. See the instructions in Section C (RETURN TO COVER PAGE) below.

B. Completing the Household Questionnaire

To complete the Household Questionnaire, you will need to find a suitable respondent. Any adult member of the household who is capable of providing information needed to fill in the Household Questionnaire can serve as the respondent. If an adult is not available, do **not** interview a young child; instead, go on to the next household, and call back at the first household later.

Generally you will ask a single individual in the household for the information you will need to complete the household questionnaire. However, as appropriate, you may need to consult other members of the household for specific information.

INFORMED CONSENT

After introducing yourself, you must seek the respondent's consent for participation in the survey. Read the informed consent statement exactly as it is written. This statement explains the purpose of the survey. It assures the respondent his or her participation in the survey is completely voluntary and that he or she can refuse to answer any questions or stop the interview at any point.

[2] Certain data collection activities (e.g., male interviews or biomarker collection) may be limited to a subsample of households. In those surveys, the instructions for completing the identification section of the household questionnaire should be expanded to reflect the recording information on whether the specific household is included in a subsample.

After reading the statement, **you** (not the respondent) must sign in the space provided to affirm that you have read the statement to the respondent.

If the respondent does not agree to be interviewed, circle '2', thank the respondent, and end the interview. Then write '5' (REFUSED) as the result on the cover sheet.

HOUSEHOLD SCHEDULE (Qs. 1-20)

Be sure to read the introductory sentence to inform the respondent that you are interested in getting information about all usual household members and any other persons who stayed in the household the night before the interview.

Column 1: LINE NUMBER

In Column 1, each row of the household schedule is assigned a unique number. This number is referred to as the 'Line Number'. It is used to identify the person listed on that row and to link all information collected later in the household and individual interviews to that person.

Column 2: USUAL RESIDENTS AND VISITORS

The first step in completing the household schedule is to request a list of all persons who usually live in the household and any visitors. To get a correct listing, you will have to know what we mean by a member of the household and what we mean by a visitor:

- Member of the household. A household may be one person or a group of persons who usually live and eat together. This is not the same as a family. A family includes only people who are related, but a household includes any people who live together, whether or not they are related. For example, three unrelated men who live and cook meals together would not be considered one family, but they would be considered to be members of the same household.

- Visitor. A visitor is someone who is not a usual member of the household but who stayed in the household the night before the day you are conducting the interview. If an individual stayed in the household the previous night, he or she should be listed on the Household Schedule.

Sometimes, it is not easy to know whom to include in the household and whom to leave out. Here are some examples:

- A woman lists her husband as head of the household, but he lives somewhere else. If he does not usually live in the household you are interviewing, and he did not sleep there the previous night, he should not be included in the listing.

- Sometimes, people eat in one household and sleep in another. Consider the person to be a member of the household where he or she sleeps.

- A person living alone is a household.

- A servant is a member of the household if he or she usually lives in the household.

Anyone included in the household listing has to be either a usual resident of that household—Column 5 is YES—or has to have spent the previous night in the household—Column 6 is YES.

As your respondent lists the names, write them down, one in each row in Column 2 of the table, **beginning with the household head**. The person who is identified as the head of the household has to be someone who usually lives in the household. This person may be acknowledged as the head on the basis of age (older), sex (generally, but not necessarily, male), economic status (main provider), or some other reason. It is up to the respondent to define who heads the household. There generally should not be a problem with this. If the person responding to the household interview is not the head of household then you may record this person on the second line.

If the last name is the same for several people, you can use abbreviations or ditto marks:

Example: 01 David Jones [substitute local names]
02 Mary "
03 Peter "

After entering a name, the relationship of that person to the head of the household and the sex should be recorded in Columns 3 and 4 ***before*** going on to record the name of the next person.

Column 3: RELATIONSHIP

Record how the person listed is related to the head of the household. Use the codes at the bottom of the page. **If the respondent is not the head of the household, make sure that you record the relationship of each person to the household head, not the relationship to the respondent.**

Example: if the respondent is the wife of the head of the household and she says that Simon is her brother, then Simon should be coded as Code 09 (OTHER RELATIVE) not Code 08 (BROTHER OR SISTER), because Simon is a brother-in-law of the head of the household.

If the head of the household is married to a woman who has a child from a previous marriage, that child's relationship to the head of the household should be coded as Code 10 (ADOPTED/FOSTER/STEPCHILD).

Column 4: SEX

Always confirm the sex of a person before recording it in Column 4 since there are many names that may be given to either a male or female.

When you have written all the names, you want to be certain you have included everyone who should be listed before continuing with the rest of the questionnaire. **To do this, ask questions 2A-2C at the end of the**

Household Schedule. If the answer to any is YES, add those persons' names to the list.

After completing Columns 2 through 4 for all household residents and any visitors, start with the person listed on Line 01 and move across the page, asking each appropriate question in Columns 5 through 20. When you have completed the information for the person on Line 01, move to the person listed on Line 02, etc.

Columns 5 and 6: RESIDENCE

In Column 5, record information on the person's usual residence. A usual member of the household may or may not have slept in the household the night before the interview. However, a visitor must always have stayed in the household the night before the interview.

If after asking these residence questions you learn that the person does not usually live in the household—Column 5 is NO—and did not sleep there the night before—Column 6 is also NO—you will have to delete this person from the listing because he/she is neither a member nor a visitor. After deleting the person, you must renumber the line numbers in Column 1 assigned to all of the persons listed in the household schedule after that person. You will also need to modify the line numbers in Columns 9, 10, and 11, and in the columns at the beginning of each page of the household schedule.

> *Example*: You had listed Margaret Jones [substitute local name] as Line Number 04 and then learned that she does not usually live in the household and she did not sleep there the night before. You would draw a line through Row 04, canceling Margaret from the listing. Then you would have to **renumber** the subsequent Line Numbers in Column 1. Whenever you change Column 1, you should also make corrections to the Line Numbers in Columns 9, 10 and 11 and in the columns to the left of Column 12.

Column 7: AGE

If you have difficulty obtaining the ages of household members, use the methods described for Qs. 102 and 103 in the Woman's Questionnaire to probe for the correct age. You are to obtain each person's age in completed years, that is, the age at the time of the last birthday.

Column 8: MARITAL STATUS

Column 8 is concerned with the current marital status of respondents who are 15 years or older. Thus, you should not record an answer in Column 8 if the respondent is 14 years or younger.

The coding category 'married or living together' includes both respondents who are legally married and respondents in informal unions. An informal union is one in which the man and woman live together for some time, intending to have a lasting relationship, but do not have a formal civil or religious ceremony.

If a respondent states that a household member is “single”, probe to determine the appropriate coding category (‘divorced/separated,’ ‘widowed,’ or ‘never-married and never lived together’).

Columns 9, 10 and 11: ELIGIBILITY

Look at Column 7 and circle the Line Number in Column 9 for all women and in Column 10 for all men who are between 15 and 49 years of age (including those who are age 15 and those who are age 49). These individuals are “eligible” respondents, and they qualify for an interview using the Individual Questionnaire. Remember, the respondent may be a usual resident of the household or only a visitor. If the household is not selected for male interview, leave Column 10 blank.

Next, look at Column 7 again and circle the Line Number in Column 11 of any child who is 0-5 years of age. Children in this age range are eligible for anthropometric measurement and may be eligible for anemia testing. If the household is not selected for anthropometry or hemoglobin testing, leave Column 11 blank.

Columns 12 through 15: SURVIVORSHIP AND RESIDENCE OF NATURAL PARENTS

For all children who are younger than 18 years old, we want to know whether their natural parents are listed in the Household Schedule. This information will be used to measure the prevalence of orphanhood and child fostering and to identify vulnerable children in the population. For everyone age 18 years and older, Columns 12 through 15 will be left blank.

Columns 12 and 13: SURVIVORSHIP AND RESIDENCE OF NATURAL MOTHER

First, ask whether the child’s natural mother is alive. By “natural” we mean the biological mother, that is, the woman who gave birth to the child. In many cultures, people consider other people’s children whom they are raising their own, especially children of their husband or sisters, etc. So you should be certain that the respondent understands that you are asking about the child’s biological mother.

If the mother is still alive, ask the question in Column 12 to determine whether she lives in the household or is a visitor. If the mother does live in the household or is a visitor, ask who she is (she should be listed on the schedule if she lives in the household or is a visitor) and record her Line Number in Column 13. If the child’s biological mother is still alive but does not live in the household and is not a visitor, record ‘00’ in the boxes in Column 13. Column 13 will be blank only when the child’s biological mother is no longer alive or the respondent is not sure if the mother is alive.

Columns 14 and 15: SURVIVORSHIP AND RESIDENCE OF NATURAL FATHER

Follow the same procedure for the child’s natural, biological father—Columns 14 and 15—as you do for the natural mother.

Remember, if sometime during the interview, after you have completed Columns 13 and 15, you had found it necessary to cross someone off the

Household Schedule and to renumber the Line Numbers, you must be sure to make changes in Columns 13 and 15 as appropriate.

Columns 16 through 19: EDUCATION

Questions on education are not to be asked for people who are younger than five years old. For anyone under five years old, simply leave these columns blank.

The term “school” means formal schooling, which includes pre-primary, primary, secondary, and post-secondary schooling, and any other intermediate levels of schooling in the formal school system. This definition of school does not include Bible school or Koranic school or short courses like typing or sewing. However, it does include technical or vocational training beyond the primary school level, such as long-term courses in mechanics or secretarial work.

If the person has never attended school, you will leave Columns 17 through 19 blank.

If the person has attended school, you will record the highest level of school the person has attained in the first box on the left in Column 17. Do this by using the codes at the bottom of the page. Then record the highest grade (form/year) the person completed at that level.

> *Example*: A child who is currently in the third year of primary school (LEVEL 1) would have completed GRADE 02 (she has not yet completed the third year).
>
> A man who has completed all the grades of primary school would be LEVEL 1, GRADE 06.
>
> A man who left during his first year of secondary school would be recorded as LEVEL 2 and GRADE 00 because the highest level he attended was secondary, but he did not finish any grade at that level.
>
> A respondent knows her son went to primary school but does not know what grade he completed. Record ‘1’ for the level and ‘98’ (DON’T KNOW) for the grade.

The questions in Columns 18 and 19 are concerned with recent school attendance. They should be asked of all persons age 5-24 years who ever attended school.

The term “attending school” refers to whether the person generally attends school; it does not measure how often a person actually goes to school but whether the person attends school at all. If a person goes to school occasionally, or usually goes to school but has been absent from school recently, record YES. Record ‘NO’ only if the person did not attend at all in the current school year.

If the person was in school during the current school year, record the level (using the codes at the bottom of the page) and grade the person is/was attending in Column 19.

When asking the question in Column 18 during school breaks, you should be very careful to emphasize the calendar years to which the questions refer.

Column 20: BIRTH REGISTRATION

In this question we are seeking information about whether children ages 0-4 years have a birth certificate. This is because prompt registration at birth is seen as an essential means of protecting a child's right to identity, as well as respect for other child rights. The lack of a birth certificate may prevent a child from receiving health care, nutritional supplements and social assistance, and from being enrolled in school.

We begin by asking if the child has a birth certificate (a baptismal certificate if not issued by a government authority cannot be considered a birth certificate). If the respondent says the child does not have a birth certificate then ask if the child was registered with the civil authorities. In the box in Column 20, record '1' if the child has a birth certificate. Record '2' if the child does not have a birth certificate but has been registered with the civil authorities; record '3' if the child does not have a birth certificate and has not be registered; and record '8' if the respondent does not know.

CONTINUATION SHEET

If you interview a household that has more than 20 members, mark the box following line 20 on the first page of the schedule. Take a fresh Household Questionnaire, fill in all the information on the cover page, and write "CONTINUATION" on the top. Then on the second Household Questionnaire, change Line Number 01 to 21 and if necessary, change line 02 to 22 and so on in Columns 1, 9, 10, and 11. Then write the information for these household members. Return to the first Household Questionnaire to complete the interview.

HOUSEHOLD CHARACTERISTICS (Qs. 101-140)

After asking the questions about each member of the household, you will ask Questions 101 through 140 about household amenities and possessions.

Q. 101: HOUSEHOLD SMOKING

This question is designed to measure household exposure to secondhand smoke. It will complement questions asked about tobacco use in the woman's and man's questionnaire.

Secondhand smoke refers to the smoke given off by the burning end of the tobacco product combined with that exhaled by the smoker. Exposure to secondhand smoke can cause lung cancer and heart disease in non-smokers. Secondhand smoke irritates the lungs and has been linked to more severe asthma, and more frequent colds and lung infections in children.

Q. 102: HOUSEHOLD DRINKING WATER

The purpose of this question is to assess the cleanliness of the household drinking water by asking about the household's main source of water. If drinking water is obtained from several sources, probe to determine the source

from which the household obtains the majority of its drinking water. If the source varies by season, record the main source used at the time of interview.

Q. 103: LOCATION OF WATER SOURCE

If the response to Q. 102 is TANKER TRUCK (Code 61), CART WITH SMALL TANK (Code 71), or BOTTLED WATER (Code 91), record ELSEWHERE (Code 3) in Q. 103.

Q. 104: TIME TO GET WATER

This question is not asked if the source of drinking water is located within the dwelling or yard/plot or if the household relies on rainwater.

Include the time it takes to get to the source, wait to get water (if necessary), and get back to the house. Record the time it takes to get water by whatever means of transportation the person generally uses, whether the person walks or rides a bicycle or motor vehicle. If the respondent tells you that the water is delivered to their dwelling (a situation that could arise if the water comes from a tanker truck, a small cart with a tank, or is bottled), record ‘000’.

Convert answers given in hours to minutes. Put zeroes in front of the response if necessary; for example, “30 minutes” would be ‘030,’ and “one hour and a half” would be ‘090’.

Definitions of Water Source Codes for Q. 102	
Response Categories	***Definition***
Piped into dwelling	Pipe connected with in-house plumbing to one or more taps, e.g. in the kitchen and bathroom. Sometimes called a house connection.
Piped to yard/plot	Pipe connected to a tap outside the house in the yard or plot. Sometimes called a yard connection.
Public tap or standpipe	Public water point from which community members may collect water. A standpipe may also be known as a public fountain or public tap. Public standpipes can have one or more taps and are typically made of brickwork, masonry or concrete.
Tube well or borehole	A deep hole that has been driven, bored or drilled with the purpose of reaching ground water supplies. Water is delivered from a tubewell or borehole through a pump which may be human, animal, wind, electric, diesel or solar-powered.
Protected dug well	A dug well that is (1) protected from runoff water through a well lining or casing that is raised above ground level and a platform that diverts spilled water away from the well and (2) covered so that bird droppings and animals cannot fall down the hole. Both conditions must be observed for a dug well to be considered as protected.
Unprotected dug well	A dug well which is (1) unprotected from runoff water; (2) unprotected from bird droppings and animals; or (3) both.
Protected spring	A spring protected from runoff, bird droppings, and animals by a “spring box” which is typically constructed of brick, masonry, or concrete and is built around the spring so that water flows directly out of the box into a pipe without being exposed to outside pollution.
Unprotected spring	A spring that is subject to runoff and/or bird droppings or animals. Unprotected springs typically do not have a “spring box”.
Rainwater	Rain that is collected or harvested from surfaces by roof or ground catchment and stored in a container, tank or cistern.
Tanker truck	Water is obtained from a provider who uses a truck to transport water into the community. Typically the provider sells the water to households.

Cart with small tank	Water is obtained from a provider who transports water into a community using a cart and then sells the water. The means for pulling the cart may be motorized or non-motorized (e.g., a donkey).
Surface water	Water located above ground and includes rivers, dams, lakes, ponds, streams, canals, and irrigation channels.
Bottled water	Water that is bottled and sold to the household in bottles.

Qs. 105 and 106: TREATMENT OF DRINKING WATER

The purpose of Qs. 105 and 106 is to know whether the household drinking water is treated within the household and if so, what type of treatment is used. The type of treatment used at the household level provides an indication of the quality of the drinking water used in the household.

Definitions of Water Treatment Codes for Q. 106	
Response Categories	***Definition***
Boil	Boiling or heating of water with fuel.
Add bleach/chlorine	Use of free chlorine to treat drinking water. Free chlorine may be in the form of liquid sodium hypochlorite, solid calcium hypochlorite, or bleaching powder.
Strain it through a cloth	Pouring water through a cloth which acts as a filter for collecting particulates from the water.
Using a water filter (ceramic/sand/composite/etc.)	The water flows through media to remove particles and at least some microbes from water. Media used in filtering systems usually include ceramic, sand and composite.
Solar disinfection	Exposing water, which is stored in buckets, containers, or vessels, to sunlight.
Let it stand and settle	Holding or storing water undisturbed and without mixing long enough for larger particles to settle out or sediment by gravity.

Q. 107: TOILET FACILITIES

The purpose of this question is to obtain a measure of the sanitation level of the household, since toilet facilities are important for disease control and health improvement. If the respondent answers in general terms such as “flush toilet,” probe to determine where the toilet flushes to; likewise, if the respondent answers “latrine”, probe to determine the type of latrine. Below are some definitions for the terms used in the codes for Q. 107.

Definitions of Toilet Facility Codes in Q. 107	
Response Categories	***Definition***
Flush/pour flush toilet	A flush toilet uses a cistern or holding tank for flushing water and has a water seal, which is a U-shaped pipe, below the seat or squatting pan that prevents the passage of flies and odors. A pour flush toilet uses a water seal, but unlike a flush toilet, a pour flush toilet uses water poured by hand for flushing (no cistern is used).
- to piped sewer system	A system of sewer pipes (also called sewerage) that is designed to collect human excreta (feces and urine) and wastewater and remove them from the household environment. Sewerage systems consist of facilities for collection, pumping, treating and disposing of human excreta and wastewater.
- to septic tank	An excreta collection device consisting of a water-tight settling tank normally located underground, away from the house or toilet.
- to pit latrine	A system that flushes excreta to a hole in the ground.
- to somewhere else	A system in which the excreta is deposited in or nearby the household environment in a location other than a sewer, septic tank, or pit, e.g., excreta may be flushed to the street, yard/plot, drainage ditch or other location.
Pit latrine	Excreta are deposited without flushing directly into a hole in the ground.
- ventilated improved pit latrine (VIP)	A latrine ventilated by a pipe extending above the latrine roof. The open end of the vent pipe is covered with gauze mesh or fly-proof netting and the inside of the superstructure is kept dark.
- pit latrine with slab	A latrine with a squatting slab, platform or seat firmly supported on all sides which is raised above the surrounding ground level to prevent surface water from entering the pit and for ease of cleaning.
- pit latrine without slab/ open pit	A latrine without a squatting slab, platform or seat. An open pit is a rudimentary hole in the ground where excreta is collected.

Composting toilet	A toilet into which excreta and carbon-rich material are combined (vegetable wastes, straw, grass, sawdust, ash) and special conditions maintained to produce inoffensive compost.
Bucket toilet	Involves the use of a bucket or other container for the retention of feces (and sometimes urine and anal cleaning material), which is periodically removed for treatment or disposal.
Hanging toilet/Hanging Latrine	A toilet built over the sea, a river, or other body of water allowing excreta to drop directly into the water.

Qs. 108 and 109: SHARED TOILET FACILITIES

Q. 108 asks about whether the toilet facilities are shared with one or more other households. In Q. 109, we want to find out how many households, including the respondent's household, use the same facility. For example, if the respondent's household shares the toilet with one other household, record "02" in Q. 109. If they share it with two other households, record "03" in Q. 109. The number of household that share toilet facilities is an important measure of the level of hygiene in the household.

Q. 110: HOUSEHOLD ITEMS

The answers to these questions on ownership of certain items will be used as a rough measure of the socioeconomic status of the household. Read out each item and circle the answer given after each item. Do not leave any item(s) blank.

If the respondent reports that a household item such as a radio is broken, try to find out how long it has been broken and whether it will be fixed. If the item appears to be out of use only temporarily, circle '1' for YES. Otherwise, circle '2' for NO.

Q. 111: FUEL FOR COOKING

Information on the type of fuel used for cooking is collected as another measure of the socioeconomic status of the household. The use of some cooking fuels can also have adverse health consequences. Remember that this question asks about fuel for cooking, not fuel for heating or lighting. The category 'biogas' includes gases produced by fermenting manure in an enclosed pit.

If the household uses more than one fuel for cooking, find out the fuel used most often. If any fuel other than the precoded ones is reported as being the main fuel used for cooking, circle '96' and specify the type of fuel in the space provided.

Qs. 112 and 113: PLACE WHERE FOOD IS COOKED

The purpose of question 112 is to collect information on the location where food is prepared in the household: in the household, in a separate building, or outdoors. This information is important in providing an indicator of the air quality inside and around the dwelling. In Q. 113, information on whether the

household has a separate room used as a kitchen provides additional information on the hygiene status of the household.

Q. 114: FLOOR MATERIAL

This is an observation not a question since you will usually be able to see for yourself what kind of floor the house has. However, ask if you are not sure.

If there is more than one kind of flooring material, record the main type of material (the material that covers the largest amount of floor space).

Q. 115: ROOF MATERIAL

As with the floor material, you will usually be able to see for yourself what kind of roof material the house has. However, observing the roof material may not always be easy or you may be able to observe part but not the whole roof. Ask the respondent if you are not sure or if you cannot observe the roof properly. If the household lives in an apartment building, look at the roof from a reasonable distance and ask the respondent if necessary. If there is more than one kind of roofing material, record the main type of material (the material that covers the largest amount of roof space).

Q. 116: WALL MATERIAL

As with the floor and roof materials, you will usually be able to see for yourself what kind of material the exterior walls are made of. However, ask the respondent if you are not sure. Again, if there is more than one kind of wall material, record the main type of material (the material that covers the largest amount of wall space).

Q. 117: NUMBER OF ROOMS FOR SLEEPING

Q. 118: OWNERSHIP OF WATCH/MEANS OF TRANSPORTATION

As another rough measure of socioeconomic status, we also ask whether any member of the household owns a watch or various means of transport, e.g., a bicycle, motorcycle, or car or other means of transportation. A small child's bicycle is primarily a toy and should not be recorded here.

If the respondent reports that an item is broken, try to find out how long it has been broken and whether it will be fixed. If the item appears to be out of use only temporarily, circle '1' for YES. Otherwise, circle '2' for NO.

Qs. 119 and 120: OWNERSHIP OF AGRICULTURE LAND

Ownership of agriculture land is another important indicator of the socioeconomic status of the household. First ask Q. 119 to find out whether any member of the household owns any land that can be used for agriculture. Agricultural land refers to land that is used for growing crops (the crops may be food for people, food for animals, or other non-food crops), raising animals, and grazing animals. In answering this question, common land used to graze animals but not owned by the household should not be included. If the answer to Q. 119 is YES, ask Q. 120 on the number of hectares owned altogether by the members of the household. Record the answer in the boxes. If the household

owns more than 95 hectares, circle ‘950’; if the number of hectares is unknown, circle ‘998’.

Qs. 121 and 122: OWNERSHIP OF LIVESTOCK, HERDS, POULTRY OR OTHER FARM ANIMALS

Information on whether households own any livestock, herds, poultry or other animals and how many they own is used as an additional indicator of the socioeconomic status of the household. First, ask Q. 121 to find out whether the household owns any livestock, herds, other farm animals or poultry. If YES, ask Q. 122 to find out what type of animals the household owns and how many of each. Read out each item and be sure to record the number in the respective boxes for each item. Do not leave any blank.

Q. 123: BANK ACCOUNT

Ask if any member in the household has an account with a bank, credit association or other similar organization in which they can deposit and withdraw funds. Record the appropriate answer. This does not include savings programs at the community level.

Qs. 124 and 125: MOSQUITO CONTROL BY INDOOR SPRAYING

Spraying the interior walls of a dwelling with insecticide on a regular basis kills resting mosquitoes, and consequently greatly reduces malaria transmission. Begin by asking Q. 124 to determine whether the interior walls of the dwelling have been sprayed with insecticide within the past 12 months. Record YES only if the spraying was done as part of an organized spraying program. If someone in the household sprayed the interior walls with an aerial insecticide (such as DOOM), record NO (does not count as Indoor Residual Spraying). If the answer to Q. 124 is YES, ask Q. 125 to find out whether the government, a private company, a non-governmental organization or someone else performed the spraying.

Qs. 126 and 127: POSSESSION OF MOSQUITO NETS

It is recognized that the consistent use of insecticide-treated mosquito nets (ITN) decreases the incidence of malaria and malaria-related deaths, especially in very young children. Consequently, many countries are now instituting programs that promote the use of ITNs.

Q.126 inquires about whether the household has any mosquito nets, and, for households with at least one mosquito net, information is collected on the total number of mosquito nets in the household (Q.127). It does not matter if the nets are actually used or even if they are set up. If they are in the household and could be used while sleeping, they should be counted. Note that ‘cake covers’ or baby nets that are used to keep flies off infants, usually during the daytime, are not considered mosquito nets. These nets cannot be treated with insecticide. Window screens are also not considered mosquito nets.

Qs. 128 through 136: TYPE OF NETS, TREATMENT WITH INSECTICIDE, AND USE ON THE NIGHT BEFORE THE INTERVIEW

There are various types and brands of mosquito nets. Some require regular treatment with insecticide; others are factory treated and do not require any treatment for 6-12 months (pretreated) or 36 months (long-lasting insecticide-treated net; LLIN). In order to assess the effectiveness of mosquito net use in preventing malaria, we need to gather information on how long the household has had each net, the brand of net, whether the net has been treated with insecticide, and whether household members use the nets when they sleep at night.

To obtain this information, you will need to ask Qs. 128 through 136 as applicable for each net that the household owns. Ask to see all of the nets that the household has and systematically ask the questions for each net as it is shown to you, beginning with the first net. Even if you cannot directly observe a net, you must ask the questions for each net the household member reports.

To distinguish each net, you may use phrases like, “Now let’s talk about the first net you showed me” or ‘Let’s talk about the net which (NAME) uses’. If a household has more than 3 nets, use an additional questionnaire. At the top of pages 13 and 14, rename the columns ‘NET #4’, ‘NET #5’, and ‘NET #6’.

Q. 128: NET OBSERVED OR NOT

For each net, record first whether you actually observed the net.

Q.129: WHEN NET OBTAINED

Then ask how many months ago the household obtained the net. If the net was obtained within 36 months from the interview date, you must record the actual number of months before the interview that the net was obtained. If the household got the net more than 36 months ago, record ‘95’. The respondent may tell you that they are not exactly certain when the net was obtained. In such cases, probe to try to get some idea of approximately how many months ago the net was obtained. Record ‘98’ (NOT SURE) if the respondent does not have any idea of how long ago the household obtained the net.

Qs. 130 and 131: TYPE AND BRAND OF NET AND INSECTICIDE TREATMENT

Q. 130 asks about the type and brand of net. You will become familiar with the most common brands of nets during the training; however, you may encounter nets in the field that you will not recognize. If the respondent tells you or you learn from the packaging that the net is a LLIN, a LLIN but not one of the listed brands or if you cannot determine the brand circle ‘16’. Similarly if you determine that the net is pretreated but it is not one of the listed brands or you cannot determine the brand, circle ‘26’. If you cannot observe the net and the brand is unknown, show pictures of typical net types/brands to the respondent in an effort to identify it.

In some cases, you may be able to identify the net brand but not whether it is a LLIN or a pretreated net; for those nets, circle ‘96’ (OTHER BRAND). When you cannot obtain information on either the type or brand of a net, circle ‘98’ (DK BRAND).

If the response to Q. 130 is either “OTHER BRAND” or “DK BRAND,” you must ask Q. 131. Probe to determine if the respondent knows whether or not the net was treated when the household first got it.

Qs. 132 and 133: INSECTICIDE TREATMENT OF PRETREATED NETS

Qs. 132 and 133 obtain information on whether the household has ever treated the net with insecticide and, if so, how many months ago the net was last treated. When asking Q.132, make sure that the respondent understands that you don’t mean simply “washing the net” or spraying it with insecticide from a can or canister. We want to know whether the net was soaked or dipped in an insecticide. This information will be linked to the information on the type of net and when the net was obtained to determine if the net is still effective.

Qs. 134 and 135: SLEEPING UNDER THE MOSQUITO NET

These questions help us to link a particular mosquito net to the person(s) who slept under it the night before the survey. Obviously it does little good to have up-to-date treated nets in the household if they are not used for sleeping at night. In Q. 134, ask the respondent if anyone slept under each mosquito net last night, and if the respondent answers YES, record in Q. 135 who slept under the net last night. If more than four people slept under a single net the night before the survey, record only the first four people mentioned by the respondent. For each person mentioned, record their name and their corresponding line number from the household schedule.

Q. 136: FILTER FOR NEXT NET

At this point, go back to Q.128 for the next net. If you have finished these questions for all the nets belonging to the household, proceed to Q. 137.

Qs. 137 through 139: HANDWASHING

These questions measure a key aspect of personal hygiene that has implications on the health of all household members, but is especially important for children. In Q. 137, ask the respondent to show where members of the household wash their hands. If the location is observed, note whether or not water is available (Q. 138) and whether soap/detergent or ash/mud/sand is present (Q. 139).

Q. 140: TESTING SALT FOR IODINE[3]

The purpose of this question is to assess whether the household uses salt that has been fortified with iodine in cooking. Fortified salt prevents iodine deficiency. Iodine is an important micronutrient and a lack of it may lead to an enlarged thyroid gland in the neck known as goiter or other thyroid-related health problems.

[TESTING FOR PRESENCE OF POTASSIUM IODATE: Ask the respondent for a sample of cooking salt (a quantity of about one half teaspoon). If the household uses more than one type of salt, make sure that the sample provided is the salt

[3] Salt is commonly iodized with either potassium iodate or potassium iodide. Test kits, however, are additive-specific. A test kit for salt fortified with postassium iodate will not work on one fortified with potassium iodide and vice versa. Therefore, include the appropriate test kit instructions based on the test kit being used in the survey.

that the household uses for cooking. Fill the small white cup (provided with the test kit) with the salt and then spread the salt on a clean plate, piece of paper, or other flat surface. If you are using a new test kit for the first time, start by making a pin hole in the test-solution ampoule (white cap) and the retest-solution ampoule (red cap). To test the salt for the presence of iodine, first shake the vial of test solution in the clear ampoule and gently squeeze two drops of the liquid on the surface of the salt sample. If the salt is iodized, the wet salt should turn a violet/blue color within one minute. Circle '1' for IODINE PRESENT in Q. 140 and continue with the next question.

If there is no color change, you need to continue the testing procedure. Shake the vial of recheck solution in the red ampoule and gently squeeze five drops of the liquid on a fresh sample of salt. Immediately add two drops of test solution on the same spot on the salt. If the salt turns a violet/blue color, circle '1' for IODINE PRESENT in Q. 140. If the color does not change, circle '2' for NO IODINE. If the light indoors is inadequate to detect a subtle color change, it may be necessary to examine the salt sample outdoors.][4]

[TESTING FOR PRESENCE OF POTASIUM IODIDE: Ask the respondent for a sample of cooking salt (a quantity of about one half teaspoon). If the household uses more than one type of salt, make sure that the sample provided is the salt that the household uses for cooking. Fill the small white cup (provided with the test kit) with the salt and then spread the salt on a clean plate, piece of paper, or other flat surface. If you are using a new test kit for the first time, start by making a pin hole in the test-solution ampoule. To test the salt for the presence of iodine, shake the vial of test solution and gently squeeze two drops of the liquid on the surface of the salt sample. If the salt is iodized, the wet salt should turn a violet/blue color. Circle '1' for IODINE PRESENT in Q. 140 and continue with the next question. If the color does not change, circle '2' for NO IODINE. If the light indoors is inadequate to detect a subtle color change, it may be necessary to examine the salt sample outdoors.][5]

If the household does not have salt, circle '3' for NO SALT IN HOUSEHOLD. If the household refuses to give salt for testing, circle '6' for SALT NOT TESTED. Record the reason that the salt was not tested.

WEIGHT, HEIGHT [AND] ANEMIA TESTING (HEMOGLOBIN), [AND HIV TESTING] (Qs. 201-270)

Certain individuals in the household (both usual residents and visitors) are eligible for anthropometry, anemia, and HIV testing. All children age 0-5 years (0-71 months), women age 15-49 and men age 15-[49] are eligible to have their height and weight measured. Children age 6-71 months, women age 15-49, and men age 15-[49] are eligible to have their blood collected for anemia testing. [Women age 15-49 and men age 15-[49] are eligible to have their blood collected for HIV testing.]

Complete the headings of the biomarker section of the household questionnaire for children, women, and men (Qs. 202, 215, and 244). To do so, you will use

[4] Note: These instructions are for salt iodized with potassium iodate. Delete from manual if salt is iodized with potassium iodide.
[5] Note: These instructions are for salt iodized with potassium iodide. Delete from manual if salt is iodized with potassium iodate.

the information collected in the household schedule. In Q. 202, record the names and line numbers of all children whose line numbers are circled in Column 11. In Q. 215, record the names and line numbers of all women whose line numbers are circled in Column 9, and in Q. 244, write down the name and line numbers of all men whose line numbers are circled in Column 10. If there are more than six eligible children, or more than three eligible women or men, use an additional questionnaire.

A special training manual has been prepared for anthropometry, and anemia, [and HIV] testing.

C. Return to Cover Page

After you have finished filling out the Household Questionnaire, go back to the cover page of the Household Questionnaire.

INTERVIEWER VISITS

After you have contacted the household, you will need to write in the result of your visit. The spaces under (2) and (3) are for recording the results of any call backs that you may have to make if you cannot contact the household on your first visit. Remember, you must make at least three different visits to try to obtain an interview with a household.

RESULT CODES

The result of your final visit to a household is recorded in two places: on the cover sheet of the Household Questionnaire and in Column (5) of the Interviewer's Assignment Sheet. You will make every attempt to contact and interview the household, but sometimes it may happen that you make three visits to the household (at different times) and are unable to conduct the interview. In this case, you record the result of the third visit.

The following are descriptions of the various result codes:

- Code 1 Completed. Enter this code when you have completed the household interview.

- Code 2 No household member at home or no competent respondent at home at time of visit. This code is to be used in cases in which the dwelling is occupied, but no one is at home. If no one is at home when you visit, or if there is only a child at home or an adult member who is ill, deaf, or mentally incompetent, enter Code '2' as the result of the visit. Try to find out from a neighbor or from the children when a competent adult will be present and include this information in the visit record.

- Code 3 Entire household absent for extended period of time. This code is to be used only in cases in which no one is at home and the neighbors say that no one will return for several days or weeks. In such cases, enter Code '3' as the result of that visit. Since the neighbors may be mistaken, you should make callbacks to the household to check that no one has returned. In cases in which no one

is at home and you cannot find out whether they are gone for a few hours or a few weeks, enter Code '2.'

- Code 4 Postponed. If you contact a household, but for some reason, it is not convenient for them to be interviewed, then schedule a callback interview and enter Code '4' on the cover sheet as a result code for that visit. If there is some extreme circumstance such that the interview is never conducted, you would enter Code '4' for the final result code.

- Code 5 Refused. The impression you make during your initial contacts with members of a household is very important. Be careful to introduce yourself and explain the purpose of the survey. Stress that the interview takes only a short amount of time and that the information will be confidential. If the individual with whom you first talk is unwilling to cooperate, ask to speak with another member of the household, such as the household head. Suggest that you can return at another time if it would be more convenient. If the individual still refuses to cooperate, enter Code '5' and report the problem to your supervisor.

- Code 6 Dwelling vacant or address not a dwelling. In some cases you may find that a structure number assigned to you is unoccupied, that is, it is empty with no furniture and is not being lived in. This is what we call "vacant," and you should enter Code '6.' Other times, you may find that a structure is not a residential unit. It is a shop, church, school, workshop, or some other type of facility that is not used as a living area. After making sure there are no residential units in back of or above the premises, enter Code '6' as the result for the visit. Be sure to report the situation to your supervisor.

- Code 7 Dwelling destroyed. If the dwelling was burned down or was demolished in some other manner, enter Code '7.'

- Code 8 Dwelling not found. You should make a thorough search, asking people in the area whether they are familiar with the address or the name of the household head. If you are still unable to locate the structure, you should enter Code '8' as the result for the visit to that household and inform your supervisor.

- Code 9 Other. There may be times that you cannot interview a household and the above categories do not describe the reason. Examples of cases that would fit in the 'Other' category would be if the entire cluster is flooded and inaccessible or if the household is quarantined because of a disease.

FINAL VISIT

After you have paid your last visit to the household, you will fill in the boxes under FINAL VISIT. The date on which you completed the household interview is recorded in the DAY, MONTH, YEAR boxes. For example, the last day in October 2010 would be DAY 31, MONTH 10, YEAR 2010. Write your assigned interviewer number in the boxes labeled INT. NUMBER.

Record the result for the final visit in the RESULT box. Add up the number of visits you made for the household interview and enter the total in the box labeled TOTAL NUMBER OF VISITS.

TOTAL PERSONS IN HOUSEHOLD AND TOTAL ELIGIBLE WOMEN AND MEN

After you have completed the household interview, you will record the total number of people listed in the schedule in the boxes labeled TOTAL PERSONS IN HOUSEHOLD. You will also record in the boxes labeled TOTAL ELIGIBLE WOMEN the total number of women in the household who are eligible for interview with the Woman's Questionnaire. If there are no eligible women then write '00'. If the household is selected for male interview, write the total number of eligible men in the boxes labeled TOTAL ELIGIBLE MEN. If the household is not selected for male interview, leave these boxes blank. In the boxes labeled LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE record the Line Number of the person who was your respondent.

BOTTOM OF COVER PAGE

At the bottom of the cover page, the supervisor will write his name and enter his identifier number. The field editor will also write her name and number. Office editing and data entry will only be done in the main office, and space is provided for the office editor and data entry person to record their identifier numbers.

PREPARE AN INDIVIDUAL QUESTIONNAIRE FOR EACH ELIGIBLE PERSON

After completing a household interview, allocate an Individual Questionnaire for each eligible respondent identified in the household. You will fill in the identification information on the cover sheet of the Individual Questionnaire for each eligible respondent identified in the Household Schedule. For example, if after completing the household interview, you have found that there are three women and one man eligible for the individual interview, you will take three Woman's Questionnaires and one Man's Questionnaire and fill in the identification information for each of the four respondents.

The identification information on the Individual Questionnaire is similar to the identification information on the Household Questionnaire. However, you must write the eligible respondent's name and the Line Number he/she was assigned in the Household Schedule in Column 1. If an eligible respondent is immediately available, proceed to interview them.

After completing the interviews with the eligible respondents, you will return the Household Questionnaire to your field editor with ALL of the completed Individual Questionnaires tucked inside.

VI. WOMAN'S QUESTIONNAIRE

The Woman's Questionnaire consists of a cover page and ten sections as follows:

Section 1: Respondent's Background
Section 2: Reproduction
Section 3: Contraception
Section 4: Pregnancy and Postnatal Care
Section 5: Child Immunization, Health and Nutrition
Section 6: Marriage and Sexual Activity
Section 7: Fertility Preferences
Section 8: Husband's Background and Woman's Work
Section 9: HIV/AIDS
Section 10: Other Health Issues

In addition, an event calendar where information about a respondent's births, unions, and periods of contraceptive use is recorded is found at the back of the Woman's Questionnaire. The questionnaire also includes a page for field staff to record observations about the interview.

A. Cover Page

After completing the household questionnaire, you should have prepared a questionnaire for each eligible woman by filling in the identification section on the cover page. As you begin to interview the woman, you should fill in the area labeled "Interviewer Visits." Here, you will record your own name, keep a record of your visits, and record the final date and result code. You will also be entering this information into your Interviewer's Assignment Sheet.

B. Section 1: Respondent's Background

In the first section of the questionnaire, you will begin by obtaining the respondent's consent to the interview and then collect some general background information on the respondent.

INFORMED CONSENT

You must seek the respondent's consent for participation in the survey. Read the informed consent statement exactly as it is written. This statement explains the purpose of the survey. It assures the respondent her participation in the survey is completely voluntary and that she can refuse to answer any questions or stop the interview at any point.

After reading the statement, **you** (not the respondent) must sign in the space provided to affirm that you have read the statement to the respondent.

If the woman does not agree to be interviewed, circle ‘2’, thank the respondent, and end the interview. Then write ‘4’ (REFUSED) as the result on the cover sheet.

REQUEST FOR DOCUMENTS

Before you begin the individual interview, ask the respondent to collect any birth certificates, identity cards, and health/immunization cards that she has for herself and her children. To complete some sections of the questionnaire, you will need to examine these documents, so assure the respondent that you have plenty of time to wait while she looks for them.

Q. 101: TIME

Record the time of the day you start the woman’s interview using the 24-hour system. If the hour or minutes are less than 10, put a zero in the first box.

Half past nine in the morning is:	HOUR.....	**0**	**9**
	MINUTES.....	**3**	**0**
Half past four in the afternoon is:	HOUR.....	**1**	**6**
	MINUTES.....	**3**	**0**

Q. 102: MONTH AND YEAR OF BIRTH

Qs. 102 and 103 must be asked independently of the information on the Household Questionnaire. Even if you already asked the respondent her age when you were completing the Household Questionnaire, you must ask again for her date of birth on the Woman’s Questionnaire.

If the respondent knows her date of birth, write it in the appropriate boxes for MONTH and YEAR. You will need to convert the month into numbers. For this, January is ‘01’, February is ‘02’, March is ‘03’, and so on. If she does not know her month of birth, circle ‘98’ for DON’T KNOW MONTH and ask her for the year of her birth. If she knows the year, write it in the boxes for YEAR. Try under all circumstances to obtain at least the year of birth.

If the respondent is unable to provide this information, ask whether she has any documentation such as an identification card or a birth or baptismal certificate that might give her date of birth. Circle ‘9998’ for DON’T KNOW YEAR only if the respondent does not know and cannot provide any record showing her birth date.

Q. 103: AGE

This is one of the most important questions in the interview, since almost all analysis of the survey data depends on the respondent’s age. You must ask Q. 103 even if the woman provided her birth date in response to Q. 102.

If the woman **knows** her age, write it in the space provided. If the woman **does not know** her age, you will need to use one of the following methods to estimate her age.

(a) If the **year of birth is reported** in Q. 102, compute the woman's age as follows:

- Already celebrated birthday in the current year. If the woman has had her birthday in the current year, subtract the year of birth from the current year [2010].
- Not yet celebrated birthday in the current year. If the woman has not yet had her birthday in the current year, subtract the year of birth from last year [2009].
- Does not know when her birthday is. If the woman does not keep track of the time within a year when her birthday falls, it is sufficient to subtract year of birth from the current year [2010].

(b) If the woman **does not know** her age, and **year of birth is not reported** in Q. 102, you will have to probe to try to estimate her age. There are several ways to probe for age:

1) Ask the respondent how old she was when she got married or had her first child, and then try to estimate how long ago she got married or had her first child.

Example: If she says she was 19 years old when she had her first child and that the child is now 12 years old, she is probably 31 years old.

2) Relate her age to that of someone else in the household whose age is more reliably known.

3) Try to determine how old she was at the time of an important event such as war, flood, earthquake, change in political regime, etc. and add her age at that time to the number of years that have passed since the event.

(c) The woman **does not know** her age and probing did not help.

If probing does not help in determining the respondent's age and date of birth was not recorded in Q. 106, you will have to estimate her age. Remember, this is a last resort to be used only when all your efforts at probing have failed.

Checking Consistency of Birth Date and Age Responses

If the woman answers both Qs. 102 and 103, i.e., she gives both her birth date and her age, you must check that her answers are consistent. There are two methods for checking whether the age and year of birth are consistent: the **arithmetic method** and the **chart method**. A detailed description of each method follows. You may use either method to check the consistency of birth date and age information.

Arithmetic Method

The arithmetic procedure requires that you first calculate the sum of the year of birth and the age. Use the margin of the questionnaire to do the necessary

arithmetic. Then apply one of the following rules to determine if these responses are consistent.

(1) IF BOTH MONTH AND YEAR ARE RECORDED IN QUESTION 102

- If the month of birth is before the month of interview (the respondent has had her birthday this year), then her age plus the year of birth should equal the year of interview [2010].

  Example: A respondent that you interview in July [2010] tells you that she was born in January 1964 and is [46] years old. Her responses are **consistent**, i.e., her month of birth (January) is before the month of interview (July) and the year of birth (1964) and age ([46]) sum to the year of interview ([2010]).

  Another respondent that you interview in July [2010] says she was born in May 1986 and she is [23] years old. Her responses are **inconsistent**, i.e., her year of birth (1986) and age ([23]) sum to [2009] rather than to [2010] as would be expected given that her month of birth (May) is before the month of interview (July).

- If the month of birth is after the month of interview (she has not had her birthday this year), then her age plus her year of birth should equal the previous year [2009].

  Example: A respondent interviewed in July [2010] tells you that she was born in December 1977 and is [32] years old. Her responses are **consistent**, i.e., her month of birth (December) is after the month of interview (July) and the year of birth (1977) and age ([32]) sum to the previous year ([2009]).

  Another respondent interviewed in July [2010] says that she was born in September 1973 and is [38] years old. Her responses are **inconsistent**, i.e., her year of birth (1973) and age ([38]) sum to [2011] rather than to [2009] as would be expected given that her birth month (September) is after the month of interview (July).

- If the month of birth is the same as the month of interview, then a sum of either [2009] or [2010] is acceptable.

(2) IF ONLY YEAR OF BIRTH IS RECORDED IN Q. 102.

Add the year of birth to the respondent's age. Accept the sum if it is equal to either to the year of interview [2010] or the previous year [2009].

Example: A respondent tells you she was born in 1980 and is [30] years old. Her answers are **consistent** since the sum of her year of birth (1980) and her age ([30]) is [2010].

Another respondent tells you she was born in 1980 and her age is [29] years. Her responses are **consistent** since the sum of the year of birth (1980) and her age ([29]) is [2009].

A third respondent tells you that she was born in 1980 and is [31] years old. Her responses are **inconsistent** since the sum of her year of birth and her age ([31]) is [2011].

Chart Method

You may use the Age/Birth-Date Consistency Chart (Figure 2) to check the consistency of the information the respondent provides. In using the chart, you will choose one of two approaches, depending on the type of information you have recorded in Q.102.

(1) IF BOTH MONTH AND YEAR ARE RECORDED IN Q. 102.

Enter the chart at the age you recorded in Q. 103. If the month of birth is before the month of interview (she has already had her birthday this year), use the right hand column to see what year of birth is consistent with that age. If the month of birth is after the month of interview (she has not yet had her birthday this year), use the left hand column to see what year of birth is consistent with that age.

If the year of birth recorded in Q. 102 is not the same as the year of birth in the chart, then Qs. 102 and 103 are inconsistent and you will have to make a correction.

(2) IF ONLY YEAR OF BIRTH IS RECORDED IN Q. 102.

Enter the chart at the age you recorded in Q. 103. The year of birth listed in either the left or right hand column is consistent with that age.

If the year of birth recorded in Q. 102 is not the same as one of the two years of birth recorded in the chart, then Qs. 102 and 103 are inconsistent and you will have to make a correction.

HOW TO CORRECT INCONSISTENT ANSWERS

If the recorded birth date (Q. 102) does not agree the age in Q. 103, you must correct the inconsistency. Do this by further probing and adjusting the age, the birth date, or both. It is important to understand that either or both of the two pieces of information may be incorrect. Do not always assume that an inconsistency means, for instance, that the date of birth was given correctly and that the age is incorrect. It could be that the date or both the age and the date are incorrect.

Remember, you **MUST** fill in an answer to Q.103.

Finally, before moving on to the next question, verify that the respondent is indeed eligible. If the woman is younger than 15 years or 50 years or older you have to terminate the interview. Do this tactfully by asking two or three more questions and then thank the respondent for her cooperation. Write INELIGIBLE on the cover page of the questionnaire.

When this happens, you must also correct the age and eligibility information for this woman in Columns (7) and (9) on the Household Questionnaire. In addition, you will have to correct the total number of eligible women reported on the cover page of the Household Questionnaire. Finally, you will need to correct your Interviewer's Assignment Sheet; cross out the woman's name on the assignment sheet and note in the observations that the woman was not eligible.

Note that you should correct the information on the woman's age in the Household Questionnaire only when it affects her eligibility status. Otherwise do not change the age response in the household questionnaire.

FIGURE 2. AGE/BIRTH-DATE CONSISTENCY CHART FOR SURVEY IN 2010

Current Age	Year of birth			Current Age	Year of birth	
	Has not had birthday in 2010	Has already had birthday in 2010			Has not had birthday in 2010	Has already had birthday in 2010
	Don't know				Don't know	
0	2009	--		30	1979	1980
1	2008	2009		31	1978	1979
2	2007	2008		32	1977	1978
3	2006	2007		33	1976	1977
4	2005	2006		34	1975	1976
5	2004	2005		35	1974	1975
6	2003	2004		36	1973	1974
7	2002	2003		37	1972	1973
8	2001	2002		38	1971	1972
9	2000	2001		39	1970	1971
10	1999	2000		40	1969	1970
11	1998	1999		41	1968	1969
12	1997	1998		42	1967	1968
13	1996	1997		43	1966	1967
14	1995	1996		44	1965	1966
15	1994	1995		45	1964	1965
16	1993	1994		46	1963	1964
17	1992	1993		47	1962	1963
18	1991	1992		48	1961	1962
19	1990	1991		49	1960	1961
20	1989	1990		50	1959	1960
21	1988	1989		51	1958	1959
22	1987	1988		52	1957	1958
23	1986	1987		53	1956	1957
24	1985	1986		54	1955	1956
25	1984	1985		55	1954	1955
26	1983	1984		56	1953	1954
27	1982	1983		57	1952	1953
28	1981	1982		58	1951	1952
29	1980	1981		59	1950	1951

[Note: A new chart must be constructed for surveys in 2011 or later.]

Q. 104: EVER ATTENDED SCHOOL

The term “school” means formal schooling, which includes primary, secondary, and post-secondary school, and any other intermediate levels of schooling in the formal school system. It includes technical or vocational training beyond the primary-school level, such as long-term courses in mechanics or secretarial work. However, this definition of school does not include Bible school or Koranic school or short courses like typing or sewing.

Q. 105: HIGHEST LEVEL ATTENDED

Record the highest level the respondent ever attended, regardless of whether or not the year was completed. For example, if she attended secondary school for only two weeks, record SECONDARY.

Q. 106: HIGHEST GRADE/FORM/YEAR COMPLETED

For this question, record only the highest grade (form/year) that the respondent successfully completed at that level.

> *Example*: if a woman was attending Grade 3 of secondary school and left school before completing that year, record ‘02’. Although Grade 3 was the highest year she attended, she completed two years of secondary school.

Note that you will record the number of years completed at the level that was recorded in Q. 105.

> *Example*: If a woman attended only two weeks of Grade 1 of secondary school, record ‘00’ for completed years.

Q.107: FILTER FOR EDUCATION LEVEL

Q. 108: LITERACY

Based on your knowledge of the respondent, choose the card with the language in which the respondent is likely to be able to read if she is literate. Show the first sentence on the card to the respondent. Give the respondent enough time to read the sentence; do not rush her. Record whether the respondent was not able to read the sentence at all, was able to read only parts of the sentence, or was able to read the whole sentence. If the respondent asks for a sentence in another language and you were provided a card with sentences in that language, show the respondent the appropriate card. If there is no card with sentences in the language required, circle ‘4’ and specify the language.

It is important to avoid the problem of having other respondents in the household overhear the sentence being read. Subsequent respondents in the household might be able to repeat the sentence when they are interviewed, even if they are unable to read. If there is a second eligible respondent in the household, show her the second sentence on the card. Show the third respondent the third sentence on the card, and the fourth respondent the fourth sentence. If there are more than five respondents, start again with the first sentence on the card.

Q.109: FILTER FOR LITERACY LEVEL

Q. 110: NEWSPAPER/MAGAZINE READING

The purpose of this question is to find out whether the respondent is exposed to influences outside her local community by means of reading newspapers or magazines. It does not matter what type of articles she reads, what language she reads in, or who buys the newspapers or magazines she reads. The question is simply about how often she reads them. Make sure that you read the entire question before accepting her answer.

Q. 111: RADIO LISTENING

It does not matter who owns the radio or what program(s) she listens to. The respondent must be listening to programming on the radio (not cassettes or CDs).

Q. 112: TELEVISION WATCHING

As with Qs. 110 and 111, the purpose is to get an idea of how much exposure the respondent has to influences outside her place of residence. It does not matter who owns the television or what program she watches.

Q. 113: RELIGION and Q. 114: ETHNICITY

If appropriate, country-specific questions on religion and ethnicity will be asked here.

Qs. 115 and 116: TRAVEL AWAY FROM HOME

Q.115 asks about the number of times within the 12 month-period prior to the interview that the respondent spent at least one night away from home. By away from home, we mean not only away from the physical structure where she resides, but her home community. For respondents who have been away from home, Q. 116 seeks information on whether any of the respondent's trips lasted more than one month (28 days).

> *Example*: A respondent visits the capitol city every Friday morning to sell produce at the market but she has spent the night in the city only twice in the past 12 months. Record '02' in Q. 115, and circle '2' in Q. 116.
>
> *Example*: A respondent recently visited her mother in the same village and slept there for the night. This does not count as a visit in Q. 115 since the respondent did not travel away from her home community.

When you are interviewing a visitor to the household, the questions refer to trips away from the home where they usually reside. Thus, unless the visitor is from another household in the same community in which you are interviewing, the response in Q. 115 cannot be '00' (None) for a visitor.

C. Section 2: Reproduction

In this section, information is collected about the births that a woman has had during her life, her current pregnancy status, any pregnancies she had during the five-year period before the survey that did not end in a live birth, the timing of the start of her last menstrual period, and her knowledge of the monthly menstrual cycle. This is a particularly important section, and you need to be especially careful to obtain all the required information.

GENERAL NOTES ABOUT Qs. 201-210 AND Qs. 211-221

These two groups of questions collect information about all births that the woman has had (no matter who the father is). It is important that you understand which events to include. We want to record all of the respondent's natural births. You should record all children who were born alive (that is, who showed signs of life by crying, breathing, or moving) even if they survived only for a few minutes. We want to know about all the woman's births even if the child no longer stays in the household or if the child is no longer alive.

It is also important to understand which events should not be recorded. You must not record adopted or foster children or children of relatives who may be living in the households. You also should not include any of her husband's children to whom the respondent did not give birth herself. Finally, you must not record children who were born dead (stillbirths), miscarriages, or abortions.

Q. 201: EVER GIVEN BIRTH

This question serves two purposes: to introduce the section and to learn whether the respondent has ever given birth. Even if the woman tells you that she never gave birth (Q. 201 is NO), you must go on to ask Q. 206 since she may not have told you about children who died very young.

Q. 202: ANY CHILDREN LIVING WITH HER

Read the question slowly. The sons and daughters being considered are her OWN natural (biological) children who live with her in her household (which will usually be the household in which the interview is being held, except for women who are visitors).

Q. 203: NUMBER OF CHILDREN LIVING WITH HER

Fill in the number of sons and daughters who live with the respondent. If she has only sons living with her, write '00' in the boxes for daughters, and vice versa. Remember that we are only interested in the respondent's OWN natural (biological) children and not foster children, children of her husband by another woman, or children of a relative.

Note that it is never correct to record '00' in the boxes for both sons and daughters since women who have no children living at home should not be asked Q. 203.

Qs. 204 and 205: ANY CHILDREN LIVING ELSEWHERE

These questions refer to the respondent's sons and daughters who are alive but not living with her. For example, they may be living with a relative, may be staying in a boarding school, may have been given up for adoption, or may be

grown-up children who have left home. If she has only sons living elsewhere, write ‘00’ in the boxes in Q. 205 for daughters, and vice versa. Make sure the respondent is not reporting dead children in this question.

Qs. 206 and 207: CHILDREN WHO DIED

These questions on children who have died are extremely important and are among the most difficult on which to obtain accurate data. Some respondents may fail to mention children who died very young, so if a woman answers NO, it is important to probe by asking, “Any baby who cried or showed signs of life but survived only a few hours or days?” Some respondents may be reluctant to talk about this subject and may become sad or upset that you are asking such questions. Be sympathetic and tactful in such situations. Say that you know the subject is painful but that the information is important.

Q. 208: TOTAL BIRTHS

Add up the numbers in Qs. 203, 205, and 207 and enter the total in Qs. 208 and 209.

Q. 209: CHECKING TOTAL WITH RESPONDENT

Place the answer to Q. 208 in the blank in Q. 209 and then ask the respondent whether the total is correct. If she says NO, check the box NO and then check your addition, and return to Qs. 201-208 to check with the respondent whether you have obtained the information correctly.

> *Example*: Starting with Q. 203, you would ask, “You have two sons and one daughter living with you. Is that correct?” Do the same for Qs. 205 and 207 and then enter the correct sum in Qs. 208 and 209.

Once you have made sure the total number of births is correct, draw two lines through the “NO” box (because it’s no longer true), and then mark the “YES” box and proceed with Q. 210.

BIRTH HISTORY TABLE: Qs. 211-221

In the birth history table (Figure 3), we want a complete list of all the births the respondent has had in the order in which they occurred starting with her first birth.

Q. 211: REQUEST FOR BIRTH HISTORY

Begin the section by informing the respondent that we would like to record the names of all of her children, from all marriages and unions, whether or not they are still alive, from the first to the last. The only births we will not include are stillbirths.

If at any time you find that the children are not listed in chronological order, do not erase the information. Instead, correct the birth order Line Numbers and draw arrows to indicate the correct order.

Q. 212: CHILD’S NAME

Record the name of each child that the respondent mentions on a separate line in Q. 212, beginning with the first born and continuing until the last born. If the woman reports that she had a multiple birth (twins, triplets, etc.), record each of the children on a separate line.

Write the name that distinguishes that child from the others—in other words, if there are two children, Harvey Johnson and Matilda Johnson, write “Harvey Johnson” and “Matilda J.,” not “H. Johnson” and “M. Johnson.” If the baby never had a name, either because it is still very young or because it died very young, write “Baby” for the name.

FIGURE 3. BIRTH HISTORY TABLE

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS.
(IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

212 What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER	213 Is (NAME) a boy or a girl?	214 Were any of these births twins?	215 In what month and year was (NAME) born? PROBE: When is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COM-PLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	220 IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (NEXT BIRTH)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH

Q. 213: CHILD'S SEX

Circle the code for the sex of the child. Although you can often tell the sex from the name, check with the respondent by saying, for example, "and Joyce is a girl?" Do not assume the sex of the child from the name.

Q. 214: SINGLE OR MULTIPLE BIRTHS

Once you have listed the names and sex of all of the respondent's births, record the status of each birth (SINGLE or MULTIPLE) in Q. 214.

After you have completed Qs. 212-214 for all births, you are ready to proceed with Qs. 215-221. Ask all the questions for one child before going on to the next child.

Q. 215: MONTH AND YEAR OF BIRTH

When collecting information on a child's birth date, always look at any documents you collected for the child at the beginning of the interview (e.g., birth certificate or immunization record) to see whether a date of birth was recorded. Before entering a date from these documents, however, check with the respondent to determine whether she believes the date is accurate. In some cases, the information on the document may be the date when the birth was recorded and not the date when the child was born.

If the respondent gives you a year of birth but does not know the month of birth, probe to try to estimate the month.

> *Example*: if a respondent says her daughter was born in 1991, but she does not know which month, ask her whether she gave birth in the dry or wet season, whether she remembers if she was pregnant at Christmas or Easter time, or during some other significant event/season of the year to try to determine the month of birth. Convert months to numbers, as before. If you cannot even estimate a month, write '98' for MONTH.

If the respondent cannot recall the year when the birth occurred, you need to probe carefully. See if the respondent knows a firm birth date for any other child in the household and relate it to that.

> *Example*: if she knows the second child was born in 1989 and the first child was just a year old at that time, enter '1988'.

You must enter a year for all children, even if it is just your best estimate.

Q. 216: SURVIVAL STATUS

Circle the code for whether the child is still alive or not. If the child is dead, skip to Q. 220.

Q. 217: AGE OF CHILD

The age of all living children should be recorded in completed years.

Example: A child who will become three years old next month should be recorded as '02' years today. A child less than one year old will be recorded as age '00' years.

Sometimes, a mother will not know the current age of her child. In this case, you may rephrase the question to, "How many years ago was John born?" You can also use other available information such as relating John's age to the age of a child she does know.

Example: The mother may know that her youngest child was born one year ago and that John was around two years old at that time, in which case John would be three years old now.

You MUST record an age for all children who are still alive.

CONSISTENCY CHECK: DATE OF BIRTH AND AGE

You are not finished with Q. 217 until you have checked the consistency between Qs. 215 and Q. 217. Check their consistency by using either the arithmetic or chart procedure:

Arithmetic procedure. Add the year of birth and the age. If the child has already had a birthday this year (month of birth is prior to month of interview), the sum should be 2010. If the child has not had a birthday yet this year (month of birth is after month of interview), the sum should be 2009. If the child's month of birth is the same as the month of interview, or if the month of birth is not known, the sum can be either 2009 or 2010.

Age/Birth Date Consistency Chart. Locate the age on the chart. Check that the birth year is consistent with that age in the chart. Use the right hand column if the month of birth is before the month of interview and the left hand column if the month of birth is after the month of interview. If the month of birth is the same as the interview or the month is not known, the year of birth must be the same as one of the two years of birth recorded in the chart.

Both these procedures are explained in more detail after Qs. 102 and 103.

If year of birth date and age are not consistent, probe to get the correct information. Remember when probing, that either or both of the responses—age or birth date—may be wrong.

Q. 218: CHILD LIVING WITH MOTHER

This question is important in determining the extent to which children live away from their natural (biological) mothers. If a child is away at boarding school or lives with other people on a permanent basis, record NO. If the child is away for a short while but usually lives with the mother, record YES.

Q. 219: HOUSEHOLD LINE NUMBER OF CHILD

In Q. 219, record the line number of the child from Column 1 of the household schedule, which is found in the household questionnaire. If the child is not living in the household, enter '00' in the boxes. If the child is not listed in the

household schedule, but the mother says that the child is in fact a usual resident or a visitor in the household, add the child to the household schedule.

Be careful in recording the line number from the household schedule since any errors will cause problems during data processing.

After completing Q. 219 for the first-born child, proceed to Question 215 for the next birth. For all other births, you will skip to Q. 221 after filling in the information in Q. 219.

Q. 220: AGE AT DEATH

If you are following the skip pattern correctly, you will be asking this question only for children who have died.

For all children who have died, you must record an age at death in Q. 220, even if it is only a best estimate. Age at death information is recorded in days, months, or years, depending on the child's age at the time of death.

- If the child was less than one month old at death, circle '1' and write the answer in DAYS.
- If the child was at least one month old but less than two years old when he or she died, circle '2' and write the answer in MONTHS.
- If the child was two years old or older when he or she died, circle '3' and write the answer in YEARS.

If the instruction in Q. 220 is followed correctly, you should **never** record **'00' months or '00' or '01' years**.

Here are some examples of how to record age at death:

"She was 3 years old when she died."	DAYS.....1 MONTHS.....2 YEARS.....(3)	0 3
"He was only six months old."	DAYS.....1 MONTHS.....(2) YEARS.....3	0 6
"She died when she was 5 days old."	DAYS.....(1) MONTHS.....2 YEARS.....3	0 5
"He was 4 and a half months old."	DAYS.....1 MONTHS.....(2) YEARS.....3	0 4
"He was 2 weeks old when he passed away." After probing you learn that the baby was actually 12 days	DAYS.....(1) MONTHS.....2	1 2

old when he died.	YEARS.....3	
"She died on the same day she was born.	DAYS.....1 ◯	0 0
	MONTHS.....2	
	YEARS.....3	

Some points to remember in completing Q. 220:

- **Use completed units.** You should give the answer in completed units, i.e., if she says "four and a half months," record MONTHS '04'.

- **Convert answers given in weeks to days or months.**

  - If the answer is **less than four weeks**, probe to find out the **exact age at death in days**. For example, if the answer is "three weeks," probe for the number of days. If the mother says 19 days, record DAYS '19'.

  - If the answer is **four weeks or more**, convert the answer to months. An answer of "seven weeks" would be recorded as MONTHS '01'.

- **Probe when the answer is "one year"**. We know that often mothers will round off their answer if a child died close to the first birthday, i.e., the mother is likely to respond "one year old" even if the child really was younger (e.g., 10 months or 11 months) or older (e.g., 13 or 14 months) at the time of death. Therefore, anytime a woman responds "one year" or "12 months" to this question, probe by asking, "How many months old was (NAME)?" or by asking the respondent whether the child had reached his first birthday before he died.

"She died when she was one year old." After probing, you may learn that the child was actually 13 months old.	DAYS.....1	
	MONTHS.....2 ◯	1 3
	YEARS.....3	

In responding to this question, a respondent may tell you that the baby was not alive when it was born. If she does, probe by saying, "Did the baby cry or show any sign of life when it was born?" If she says the baby was dead when it was born, cross out all entries for this child in the birth history table. Make sure to renumber the birth order numbers in Q. 212 when this occurs. Also correct the information recorded in Qs. 202-210 where necessary.

Q. 221: PROBING THE INTERVAL BETWEEN BIRTHS

The purpose of this question is to make sure that we have not missed any of the respondent's own births. For all births except the woman's first born, you must ask the respondent whether there were any live births between the previous birth and the birth of that child. If the woman tells you there was no other birth,

record NO in Q. 221. Then proceed with Q. 215 for the next birth (or with Q. 222 if you were asking Q. 221 for the last birth).

If the woman tells you that there was another birth, record YES in Q. 221. Then draw an arrow showing the birth's proper location in the history, correct the birth order numbers in Q. 212 for that child and for all subsequent births in the history. As appropriate, also correct the information recorded in Qs. 202-210.

> *Example*: Initially a respondent tells you that she has had three births, Michael, David, and Mary. After recording all of the information for Qs. 212-220 for David as appropriate, you ask Q. 221: "Were there any other live births between the birth of Michael and David?" The woman tells you there was a birth after Michael and before David. Record YES in Q. 221 and add that birth to the end of the birth history.
>
> Draw an arrow to show the location of the birth between Michael and David. Correct the birth order number in Q. 212 for all births following Michael, i.e., the birth order number for the baby entered at the end of the table should be changed to '02', the birth order number for David will become '03' and for Mary, '04'. You may also have to correct the information in Qs. 202-210 if the woman had not included the baby in her responses to those questions. Finally, before going on to David, ask Qs. 212-221 for the birth between Michael and David.

Q. 222: PROBING THE INTERVAL SINCE LAST BIRTH

This question is similar to Q. 221 but is specifically designed to probe the time that has passed since the last birth.

> *Example*: If Mary is a respondent's last birth, and she was born in 1994, ask, "Have you had any live births since the birth of Mary?"
>
> If there was no birth after Mary, record NO in Q. 222. If the woman tells you there was a birth since Mary, record YES in Q. 222 and add that birth to the end of the birth history. Then ask Qs. 212-221 for that birth. You may also have to correct the information in Qs. 202-210.

OTHER POINTS ABOUT THE BIRTH HISTORY TABLE

1) Recording of age at death, year of birth, and age of living children. For month of birth in Q. 215, it is permissible to record Code '98' for DON'T KNOW as an answer. However, for year of birth (Q. 215), age of living children (Q. 217), and age at death (Q. 220), you must record an answer. It is very important to obtain information for these questions, so you must probe for this information and, if necessary, make your best estimate on the basis of the woman's answers.

2) Recording of information on twins (or triplets, etc.). If there are any twins, record the information about each twin on a separate line. If the twins are the respondent's last birth and if one twin is dead, record the living twin last. By doing this, you will be able to talk about the living twin first when you get to Section 4, which may be more comforting for the respondent.

3) Recording information for more than 12 births. There are lines for 12 births in the table. If in an exceptional case you find a respondent with more than 12 births, write at the bottom of the table CONTINUED ON A SEPARATE QUESTIONNAIRE, STARTING WITH THE SECOND ROW. Write the word CONTINUATION and complete the identification information on the cover sheet of the second questionnaire. Then change the number '01' on the birth history in the second questionnaire to a '13' and so on. After you have recorded information in the birth history for the additional birth(s), return to the first questionnaire to complete the interview.

4) Correcting of reported sequence of births. If you find that the respondent has reported a birth out of the correct order, draw an arrow indicating the position in the table where it belongs according to the date when it occurred, and correct the Line Numbers printed in Q. 212.

5) Checking birth interval. Check the dates of each birth. If any two children are reported born less than seven months apart, e.g., December 1993 and May 1994, probe and correct the dates. Either the December birth occurred earlier or the May birth occurred later, or both.

Q. 223: CONSISTENCY OF TOTAL BIRTHS

Check that the number in Q. 208 is the same as the number of births listed in the table. If the number in Q. 208 is the same as the number of births recorded in the table, mark the box labeled NUMBERS ARE SAME and proceed to Q. 224.

If the number recorded in Q. 208 is not the same as the number of births in the table, mark the box labeled NUMBERS ARE DIFFERENT. Then you must probe to find the cause of the difference and correct it before you continue to Q. 224. Once you have corrected the problem, draw two lines through the NUMBERS ARE DIFFERENT box (because it's no longer true), and then mark the NUMBERS ARE SAME box. When properly completed, your questionnaire must always have the same number of births in the table as the number recorded in Q. 208.

Q. 224: NUMBER OF BIRTHS IN [2005] OR LATER

Check Q. 215 and count how many births occurred in [2005] or later. You must include all births in [2005] or later, even if they later died. If the respondent did not have any births in [2005] or later, record '00' and skip to Q. 226.

Q. 225: BIRTHS ON THE CALENDAR

Each birth in [2005] or later should be entered in the calendar which is included at the end of the Woman's Questionnaire. First place a 'B' in the month of birth and write the child's name to the left of the 'B' code. Then ask how many months the woman had been pregnant when she gave birth. Record 'P' in each of the preceding months according to the duration of the pregnancy. The number of 'P's must be one less than the number of months that the pregnancy lasted.

Example: The respondent gave birth to one child, Marie, in the period since January 2005. She reports that she was in her eighth month of pregnancy when she gave birth to Marie in November 2008. Record a 'B' in the calendar in November 2008 and record 'P's in each of the preceding 7 months, i.e., in the months April through October 2008. Write 'Marie' to the left of the month in which Marie was born, i.e., November 2008.

More detailed instructions on how to complete the calendar are provided in Section M below.

Q. 226: CURRENT PREGNANCY STATUS

Q. 227: MONTHS OF PREGNANCY

Record the answer in completed months, putting a zero in the first box if she has completed nine or fewer months of pregnancy. You may need to check that the woman is responding in completed months.

Example: If the woman answers that she is 'five months pregnant', ask "Are you in your 5th month of pregnancy, or have you completed your 5th month of pregnancy?" Record '04' if she responds she is in the fifth month of pregnancy and '05' if she has completed the fifth month.

You also must record her pregnancy in the calendar. Write 'P' in the month of interview and for the preceding months of pregnancy. The total number of months recorded with 'P' for the current pregnancy will be the same as the number recorded in Q. 227, i.e., the number of completed months of pregnancy.

If the woman does not know how many months she has been pregnant, probe to get an estimate by asking, for example, about the date of her last menstrual period.

Qs. 228 and 229: DESIRED TIMING OF PREGNANCY

If respondent answers YES for 228, go to Q. 230. Otherwise, proceed to Q. 229.

Q. 230: PREGNANCIES NOT ENDING IN LIVE BIRTH

We want to know whether the respondent had any pregnancies that did not result in a live birth. To ensure that none are missed, the question specifically mentions the three ways a pregnancy can be terminated. If a pregnancy ended early and involuntarily, it was a miscarriage. If a woman voluntarily ended a pregnancy, it was an abortion. If a woman gave birth to a child that showed no signs of life, it was a stillbirth.

Q. 231: DATE OF LAST PREGNANCY LOSS

If a respondent has had a pregnancy that did not end in a live birth, ask about when the most recent such pregnancy ended and record the month and year in the boxes. If the woman cannot remember the date, use probes similar to those discussed in Q. 215.

Q. 233: DURATION OF LAST LOST PREGNANCY

This question is asked only of women who lost a pregnancy in January [2005] or later.

There are two parts to this question. First record how long the pregnancy lasted in months in the boxes provided in Q. 233. Then record information about the pregnancy in the calendar. The total number of months in which codes are recorded in the calendar should equal the number of months recorded in Q. 233.

> *Example*: A woman had a pregnancy end in a stillbirth in May 2007 in the eighth month of her pregnancy. Record '07' in Q. 233. Then place a 'T' in the calendar next to May 2007 and a 'P' in the calendar in each of the six months preceding May 2007, i.e., in each month in the calendar from November 2006 through April 2007.

If the woman responds in weeks, you will have to convert the answer to months.

> *Example*: A woman tells you that the last pregnancy she lost ended in August 2006 after 14 weeks of pregnancy. Record '03' in Q. 233. Then in the calendar, place a 'T' in August 2003, the month and year in which the pregnancy terminated, and a 'P' in each of the two preceding months that the woman was pregnant (i.e., May through July 2006).

Q. 234: OTHER PREGNANCY LOSSES SINCE JANUARY [2005]

The respondent has told you about one pregnancy loss (the most recent) in Qs. 230-233. Now ask her whether she has had any other such pregnancies (miscarriage, abortion, or stillbirth) since January [2005].

Q. 235: ENTER LOST PREGNANCIES ON THE CALENDAR

Ask when the other lost pregnancy/pregnancies ended. Any pregnancy that ended in January [2005] or later and did not result in a live birth should be recorded in the calendar using the same procedure as in Q. 233.

Q. 236: NON-LIVE BIRTH PREGNANCY PRIOR TO JANUARY [2005]

This question refers to pregnancies that ended before [2005] that did not result in a live birth.

> *Example*: A respondent had one non-live birth pregnancy that started in November [2004] but terminated three and a half months later in February [2005]. In Q. 236, circle '2' for NO because the pregnancy did not end before January [2005].
>
> Check that there is a calendar entry for this pregnancy. The entry should include only the months in which the woman was pregnant in [2005], i.e., a 'T' should have been entered in February [2005] and a 'P' in January [2005].

Q. 237: DATE OF TERMINATION OF LAST LOST PREGNANCY

Record the month and year in which the last pregnancy ending before January 2005 that did not result in a live birth. Follow the same procedure for converting months to a number, for example, '02' for February. If the woman cannot remember the date, use the probes discussed in Q. 215.

Q. 238: START OF LAST MENSTRUAL PERIOD

The answers to this question will help to determine whether any of the respondents are actually menopausal or infecund because they have not had their periods in a long time. This is important in any study of fertility since menstruation is directly linked to pregnancy.

Record the respondent's answer in the units that she uses.

> *Example*: if she says "three weeks ago," circle '2' and record WEEKS AGO '03'. If she says "Four days ago," circle '1' and record DAYS AGO '04'.

If the respondent appears to be rounding off her answer, probe for an exact answer. For example, if she says "About a week ago," say, "Do you remember which day? Was it before or after the weekend?"

If she tells you she is in menopause or she has had a hysterectomy, record IN MENOPAUSE/HAS HAD HYSTERECTOMY. A woman who is too old to menstruate or become pregnant is described as being in menopause. A hysterectomy is an operation to remove the uterus. If she has not menstruated since the birth of her last child, record BEFORE LAST BIRTH. If she has never menstruated, record NEVER MENSTRUATED.

In some cases, the respondent may give you the date that her last menstrual period began. If that happens, write the date in the space provided on the questionnaire. Then calculate the length of time since that date, and record it in the appropriate units. Note that it is not necessary to obtain a date. The space is provided only for cases in which the respondent gives you a date.

Qs. 239 and 240: KNOWLEDGE OF MONTHLY CYCLE

First, ask Q. 239 to see whether the woman thinks there are times during a woman's monthly cycle when she is more likely to become pregnant. If she says there is no time that is more likely than another or she does not know, record the response and skip to Q. 301. If she says there is a time when a woman is more likely to become pregnant, record YES and ask Q. 240. Make sure to read the entire question mentioning each of the four possible times before recording her response.

D. Section 3: Contraception

This section collects information relating to the knowledge and use of various contraceptive methods which a couple can use to avoid or delay pregnancy. The topic of contraception and family planning may be considered a personal matter by a respondent, and she may feel embarrassed to talk about it. To overcome her embarrassment, you must show that you do not feel embarrassed or uncomfortable in any way. Ask these questions as if they were no different from

any other questions in the questionnaire. If she is hesitant to answer any of these questions, reassure her that everything she says will be treated confidentially and that the same questions are being asked of women all over the country.

Q. 301: Contraceptive Table

The contraceptive table (Figure 4) is used to record the information that the respondent provides about her knowledge and use of specific contraceptive methods in response to Q. 301. This is how you should work through this table:

1) Read the introductory sentence at the top of the table.

   Then, starting at the top of the list, ask "Have you ever heard of _____?" Circle Code '1' if she knows the method and '2' if she does not know the method.

   The respondent may not always understand what you are talking about when you describe a particular method. In such cases, repeat the description. If she still does not understand, you may need to explain the method in different words or in slightly greater detail.

Description of Contraceptive Methods

In order to complete the contraceptive table accurately and completely, it is important that you have some knowledge of contraceptive methods yourself and that you are familiar with the names that people use to refer to each method. The following provides additional information on selected methods that are included in the contraceptive table that may be useful in completing the table:

FEMALE STERILIZATION. There are several types of operations a woman can have that will make her sterile, including a "tube tie" or the removal of the uterus (i.e., a hysterectomy) or ovaries. Operations to remove the womb or uterus may be performed for reasons other than to provide contraceptive protection, e.g., because the woman experienced a problem during delivery, the woman had recurrent spells of heavy bleeding, or cancer was found. Only when the operation was performed to enable the woman to stop having children should you record it as a sterilization.

MALE STERILIZATION. This is a comparatively minor operation done on men for contraceptive purposes. It is also called vasectomy.

IUD. Women can have a plastic, T-shaped device placed inside them by a doctor or a nurse. There are two types of IUDs: hormone IUDs and copper IUDs. Both types are effective in preventing pregnancy. The IUD is a reversible form of contraception and can be used for up to 5-10 years (depending on type) before needing to be replaced.

FIGURE 4 CONTRACEPTIVE TABLE

301	Now I would like to talk about family planning – the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you heard of (METHOD)?	
01	**Female Sterilization**. PROBE: Women can have an operation to avoid having any more children.	YES.....1 NO.....2
02	**Male Sterilization**. PROBE: Men can have an operation to avoid having any more children.	YES.....1 NO.....2
03	**IUD**. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES.....1 NO.....2
04	**Injectables**. PROBE: Women can have an injection by a health provide that stops them from becoming pregnant for one or more months.	YES.....1 NO.....2
05	**Implants**. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or a nurse which can prevent pregnancy for one or more years.	YES.....1 NO.....2
06	**Pill**. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES.....1 NO.....2
07	**Condom.** PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES.....1 NO.....2
08	**Female Condom**. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES.....1 NO.....2
09	**Lactational Amenorrhea Method** (LAM).	YES.....1 NO.....2
10	**Rhythm Method**. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES.....1 NO.....2
11	**Withdrawal**. PROBE: Men can be careful and pull out before climax.	YES.....1 NO.....2
12	**Emergency Contraception**. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES.....1 NO.....2
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES.....1 _____ (SPECIFY) _____ (SPECIFY) NO.....2

INJECTABLES. An injection of hormone that is released slowly into the bloodstream can be given regularly to women to prevent pregnancy. The most common type of injectable contraceptive is given every three months. This is known as *depomedroxyprogesterone acetate* (DMPA), Depo Provera, Depo, or *Megestron*®. Another injectable contraceptive, NET EN (also called *Noristerat*®) is given every two months.

IMPLANTS. Also called Norplant, these are small rods surgically implanted in a woman's upper arm. They usually protect a woman against pregnancy for five or more years.

PILL. Women can take a pill every day to avoid becoming pregnant.

CONDOM. Men can put a thin, rubber sheath on their penis before sexual intercourse.

FEMALE CONDOM. A thin, transparent rubber can be placed in the vagina before sex to avoid pregnancy.

LACTATIONAL AMENORRHEA METHOD (LAM). Women can postpone the return of menstruation after a birth (and therefore remain unlikely to become pregnant) by breastfeeding frequently. A specially taught method that makes use of this principle is the lactational amenorrhea method (known as LAM). This method requires a woman to breastfeed frequently (without feeding the child anything else except water) and to know that the method can be used for up to six months after a birth as long as menstruation has not returned. The method also teaches women that if menstruation returns, the child becomes six months old, or the mother starts feeding her child anything other than breast milk or plain water, they should begin using another method of contraception if they want to avoid becoming pregnant.

RHYTHM METHOD. This is also called the safe period, periodic abstinence, or the calendar method. This method is based on the principle that by not having sexual relations on certain days of her monthly cycle, a woman can avoid becoming pregnant. Note that this is not the same as prolonged abstinence where the couple stops having sexual relations for months at a time to avoid pregnancy without regard to the woman's monthly cycle. To ensure that the respondent understands, stress the phrase "on the days of the month she is most likely to get pregnant." Also, if a woman does not feel like having sex on particular days of her cycle, that does not mean that she is using the rhythm method.

EMERGENCY CONTRACEPTION. Women can take pills up to three days after having sex to avoid getting pregnant. These pills are also called "morning-after pills."

ANY OTHER METHOD(S). Women may mention methods that are not described in the table. These may include modern methods such as spermicides including foam, cream, jelly, foaming tablets, or suppositories that are used to kill sperm or make sperm unable to move toward the egg. They may also mention the diaphragm or

cervical cap. Diaphragms and cervical caps are soft rubber cups that can be placed in the vagina to cover the cervix to block sperm from entering the uterus and tubes where sperm could meet an egg. Diaphragms and cervical caps should be used with spermicidal jelly or cream.

Women may also mention traditional or folk methods such as prolonged abstinence, breastfeeding, or herbs.

Q. 302: FILTERS FOR PREGNANCY STATUS

Qs. 303 and 304: CURRENT USE OF CONTRACEPTION

These questions are some of the most important in the questionnaire. Depending on the method a respondent mentions, you may need to probe to determine that the method is being used currently. For example, coitus-related methods such as condoms, vaginal methods and withdrawal are used with each act of intercourse, so current users of these methods should have used them during the most recent acts of intercourse. Current users of the pill should be taking pills daily.

Other methods provide ongoing protection without daily or regular action by the woman. Contraceptive injections may have been administered two to six months earlier and still provide protection, while implants provide protection for up to five years, or until removed. An IUD, once inserted, protects against pregnancy until it is removed or expelled.

Female and male sterilization provide permanent protection against pregnancy. If the woman's current partner has been sterilized, you will record MALE STERILIZATION as the current method. If, however, she is no longer married to (or living with) a partner who had a vasectomy, this should **not** be noted as the current method.

If the woman mentions more than one method, circle the code for all methods that are currently being used. If more than one method is circled, follow the skip instruction for the highest method on the list and ask the subsequent questions about that method.

Note: delaying first sex is not a contraceptive method. If, for example, a young woman answers YES to Q. 303 and then, in response to Q. 304, says the current method she is using is abstinence, this will not be counted as a method of contraception, and the respondent will be considered the same as a person who is not using a method of contraception. Instead, circle NO in Q. 303 and skip to Q. 311.

Check to be sure that the response to Q. 304 is consistent with the responses to Q. 301. For example, the respondent may say that she is using the pill but reported in Q. 301 that she did not know the pill. If this happens, probe further and correct the responses in Q. 301 to Q. 304 as necessary.

Qs. 305 and 306: PILL AND CONDOM BRAND

If the pill or condom is reported as the current method in Q. 304, we are interested in the brand of pills (condoms) that is being used. Knowing the brand

of pill (condom) can help to assess the popularity of certain brands that may be offered in special 'social marketing' that the government is sponsoring. In addition, there are special types of the pill that are appropriate for use by breastfeeding mothers; the information on pill brand can be used to look at the coverage of these types of pills among users who are still breastfeeding.

For users of the pill, ask Q. 305 to determine if the user is able to identify the brand. If the respondent doesn't know the brand, ask to see the package. If the user doesn't remember the brand and the package is unavailable, ask the user to describe the packaging. It is important that you probe and write in the margin as many details as she is able to provide since it may be possible to determine the brand from her description.

For a woman who uses condoms with her partner, ask Q. 306 to determine if she knows the brand name of the condoms she and her partner use. As with Q. 305, if the user doesn't recall the condom brand, ask to see the package or, if unavailable, ask for a detailed description of the packaging.

Finally, in probing to obtain information on the pill (condom) brand, you may find out that the method is not being used currently. For example, a pill user may tell you that she has not obtained a packet of pills for several months. If it is determined while inquiring about the brand of pills or condoms that the woman is not currently using the method, Q. 304 should be corrected.

Q. 307: WHERE STERILIZATION WAS OBTAINED

This question applies to either the respondent's or her partner's sterilization. Circle the code that indicates the type of facility where the sterilization took place.

When choosing a code, you need to know whether the place is in the public sector (run by the government) or in the private sector. If the place is run by a nongovernmental organization, it should be considered private.

If you cannot determine whether the facility is public or private, write the name of the facility in the space provided, and inform your supervisor after you complete the interview. Since you have recorded the name of the facility, your supervisor will be able to find out whether it is public or private and will circle the appropriate code.

Q. 308/308A: DATE OF STERILIZATION OPERATION/START OF CURRENT METHOD

If the respondent does not remember the date of her (her partner's) sterilization operation, probe to help her remember. Relating the date to the age and date of birth of her youngest child may help. You must get a date, even if it is just your best estimate.

For users of other family planning methods, ask when she started using the method most recently without stopping.

> *Example*: A woman started using the pill in June 2005. A few months later, she stopped taking the pill because she wanted to become pregnant. She gave birth to a child in January 2008 and started using the

pill again in March 2008. When interviewed, she is still using the pill. In this case, record '03' for MONTH and '2008' for YEAR.

Q. 309: CHECK CONSISTENCY OF DATE CURRENT USE STARTED

Check to see whether the date is AFTER the date of birth of the last child or last pregnancy termination. If not, ask the question again and make it clear to the respondent that we mean the date that she started using the current method WITHOUT STOPPING for any reason including a pregnancy. For example, a woman cannot have used the pill continuously for three years if she had a baby last year.

Q. 310: ENTER CURRENT USE ON CALENDAR

If the year in Q. 308/308A is [2005] or later, mark the box on the left and enter the code for the method currently used in the calendar in the month of interview and in each month back to the date she started using the method or was sterilized. If she has been using her current method for a long time, write the code in the current month and the beginning month, and join them with a squiggly line. Do not draw the squiggly line through months she did not use the method.

If the woman started using her current method in [2004] or earlier, mark the box on the right, and enter the code for the method currently used in the calendar in the month of interview and in each month back to January 2005. Then skip to Q. 322.

Make sure that you use the method codes shown to the left of the calendar and not the codes shown in Q. 304, since the codes are different for most contraceptive methods.

Q. 311: CONTRACEPTIVE HISTORY

Question 311 asks both current and past users of contraception about their history of contraceptive use since January [2005]. Begin by reading the introductory sentence, so that the respondent understands what information you are asking for.

The events that are already recorded in the calendar (birth dates, names, pregnancies, and pregnancy losses) are helpful reference points for yourself and the respondent. For each period of time in the calendar that is still empty (no 'B', 'P', or 'T' or contraceptive method code), you need to enter a code that reflects the respondent's contraceptive story.

To do this, you need to find out several pieces of information:

1) Was the respondent using a method of contraception in a period of time, and if so, what method was she using?
2) When did she start using that method?
3) For how long did she use that method continuously, and when did she stop using that method?
4) Why did she stop using the method?

5) What happened when she stopped using that method: did she not use any method, did she start using a different method, or did she become pregnant?

Example: The respondent has two births, Mary and John. To fill in the respondent's contraceptive history in the period of time between the births of Mary and John, the first question you could ask would be: "**Between the births of Mary and John, did you use any contraceptive method or not?**" The respondent tells you that she used condoms.

You would then ask, "**How long after the birth of Mary did you begin using condoms?**" She tells you she began using in the third month after the birth of Mary. This gives you the starting month in which she began using condoms.

You also need to know for how long she used condoms continuously and when she stopped using them. So you could ask, "**For how long did you use condoms continuously?**" She tells you ten months. Now you know when she started using condoms and when she stopped. You then need to ask her for the reason she stopped using condoms. You could ask, "Why did you stop using condoms?" The respondent tells you that she wanted to become pregnant.

This accounts for 12 out of the 15 months between Mary's birth and the time when the respondent became pregnant with John. You now need to find out what the respondent was doing between the time she stopped using the condom and became pregnant with John. Ask a question such as, "**After you stopped using the condom, and before you became pregnant with John, did you use any contraceptive method?**" She tells you she did not use any method.

Now you know the respondent's complete contraceptive history between the births of Mary and John:

1) Whether she used a contraceptive method between Mary and John and which method she used
2) At what point she began using that method after the birth of Mary
3) For how long she used that method continuously and when she stopped using that method
4) The reason she stopped using that method
5) Whether she used another method after she stopped using the condom and before the birth of John.

You would continue in a similar way until you filled in each month of the first column of the Calendar with a code. Enter the codes of the methods the respondent used in each month of use and '0' in the months where she did not use a method. After you have recorded periods of use and nonuse, every row in the first column of the calendar up to the month of interview should be completely filled. You will have accounted for every month from January [2005] to the month of interview by recording the appropriate codes for births, current pregnancies, lost pregnancies, use of contraception, or nonuse of contraception. The second column of the calendar will have codes entered next to the last month of use in column 1. If the respondent tells you she stopped using the

method in September, then a discontinuation code should be entered in column 2 for September.

Q. 312: FILTER FOR USE OF ANY METHOD IN PAST FIVE YEARS

Q. 313: PROBE FOR EVER USE

The purpose of this question is to be certain that neither the respondent nor her husband (or partner) has ever used anything to delay or avoid getting pregnant, since contraception is one of the most important features of the survey.

Q. 314: FILTER FOR CURRENT METHOD

Look back to Q. 304 and circle the same method here; this is the method currently being used. If more than one method code is circled in Q. 304, circle the code for the highest method in the list. If Q. 304 was left blank because it was skipped, circle '00' for NO CODE CIRCLED.

Q. 315/315A: SOURCE OF CURRENT METHOD

The question asks from what source the woman obtained her method at the time she started the current segment of use, or where she obtained advice about how to use the method in the case of the lactational amenorrhea or rhythm methods. For methods that require the user to obtain resupplies, the user may first obtain the method from one source and then rely on a different provider for resupply. For example, a woman using the pill may have first obtained the pill from a family planning clinic but then gone to a pharmacy for resupply. You can guide the user to tell you about the first source by referring to the date she told you that she began the current segment of use.

If the respondent is using condoms with her husband, ask, "Where did you obtain the condoms when you began using them this time?" If she says her husband or someone else got the method for her, ask whether she knows where that person got it, and record the source. If the method required a prescription, this question pertains to where the prescription was filled.

When choosing a code, you need to know the type of place the method was obtained from, i.e., if the place is in the public sector (run by the government) or in the private sector. If it is run by a nongovernmental organization, it should be considered private. Record PRIVATE DOCTOR only if the doctor has his own practice that is not located within a larger facility.

If the respondent does not know whether the place is public or private, record the name of the place, and inform your supervisor. Your supervisor will find out and record the type of source the facility is.

Q. 316: FILTER FOR CURRENT METHOD

Qs. 317-319: TOLD ABOUT SIDE EFFECTS

Qs. 317-319 ask what information a current user has received about the side effects or problems associated with her current method. Q. 317 asks whether the user was told about potential side effects or problems at the time she obtained her current method. Q. 317A asks the same question, but of women

who have been sterilized. If there has been more than one episode of use of the method, make sure that the respondent knows that you are asking about the time that she started using the method during the **current** episode of use.

Q. 318 asks current users who report they were not told about side effects or problems associated with using the current method whether they were told by a health or family planning worker about these side effects or problems at any time, either during or prior to the current segment of use. Note that you would record "NO" if the respondent indicates she was told about side effects or problems by a friend or relative but not by a health care provider.

Record YES for Q. 319 if a current user who was informed about the side effects or problems she might experience in using her current method was ever advised about what to do if she experienced any side effects or problems in using the method.

Qs. 320-321: TOLD ABOUT OTHER METHODS

In these questions, a current user is asked whether she was told by a health or family planning provider about other methods of family planning either at the time she obtained her current method or at some other time.

> *Example*: If a pill user says that a health worker told her about the injection, the pill, and the IUD at the time when she started to use the method, record '1' in Q. 320.

Users who were not told about any other method at the time they started using their current method should be asked Q. 321 to find out if they ever received information about other family planning methods from a health care provider or family planning worker.

Q. 322: FILTER FOR CURRENT METHOD

Q. 323: LAST SOURCE OF CURRENT METHOD

Question 323 asks about where the respondent obtained the method the last time. For methods like the pill for which the respondent regularly needs resupply, the source recorded in Q. 323 may be different from the source where the woman (or her husband or partner) obtained the method the first time.

As in Q. 315, if the respondent does not know whether the place is public or private, record the name of the place, and inform your supervisor. Your supervisor will find out and record the type of source the facility is.

Qs. 324-325: KNOWS SOURCE FOR FAMILY PLANNING METHOD

Q. 324 is asked of women who are not currently using contraception in order to find out if they know of a place where they can obtain a family planning method. Nonusers who report they are aware of place where they can get family planning are asked in Q. 325 to name the place or places that they know. It is important to find out all of the sources that a woman may know. So be sure you use the probe ("Any other place?") after recording any source the woman mentions spontaneously.

Q. 326: VISITED BY FIELDWORKER

[For countries with national fieldworker programs that include family planning only.] This question is asked to ascertain whether any fieldworker visited the respondent in the last 12 months and talked to the respondent about family planning. It does not matter whether it was a family planning worker, a health worker, or some other type of fieldworker, as long as family planning was discussed during the visit. It also does not matter whether the principal purpose of the visit was to give family planning advice or services. If any fieldworker talked to her about family planning in the last 12 months, circle '1' for YES.

Q. 327: VISITED HEALTH FACILITY IN PAST YEAR

This question refers specifically to the respondent and whether she went to a health facility for care for herself or her children in the past 12 months. The visit did not have to be specifically for family planning.

Q. 328: FAMILY PLANNING INFORMATION AT THE HEALTH FACILITY

The respondent need not have gone to the health facility for the purpose of discussing family planning for the answer to be YES. Staff persons may take the opportunity to discuss family planning even if a client comes to the facility for another purpose. If any staff member at the health facility talked to her about family planning during any of her visits, circle '1' for YES.

E. Section 4: Pregnancy and Postnatal Care

The objective of this section is to obtain information about health care related to childbearing including antenatal care, delivery care, and postnatal care for the woman and her newborn. The section includes questions about births that occurred in January [2005] or later. Thus, if a woman did not have a birth in this period, you will go on to the next section.

Q. 401: FILTER FOR BIRTHS IN JANUARY [2005] OR LATER

Qs. 402-404: COLUMN HEADINGS FOR BIRTHS IN THE LAST FIVE YEARS

All births since January 1, [2005], will be entered in the table. You will need to check the date of births (found in Q. 215) for each child listed in the birth history to identify births the woman may have had during this period.

For each birth since January [2005], beginning with the last birth (which will be found in the last row that is filled in the birth history unless you had to renumber births), record the birth history number and the child's name (found in Q. 212) in Qs. 403 and 404. Also mark in Q. 404 whether the child is alive or dead after checking for this in Q. 216. Then fill in the child's name at the top of the subsequent pages in Section 4.

Consider twins as separate births and list them in separate columns, taking care to keep their positions in this table consistent with their order in the birth history. Recall that if the last children in Q. 212 are twins and one twin is dead, the living twin should be recorded as the last birth.

Example: A woman has had eight live births and the last births were twins Judy and Jeffrey. Judy has died. Judy would be recorded as birth history number 07 in Q. 212 and Jeffrey would be recorded as birth history number 08 in Q.212. Now in Qs. 402-404, Jeffrey should be recorded as the LAST BIRTH and Judy as the NEXT-TO-LAST birth.

If the respondent has had more than three births in January [2005] or later, write SEE CONTINUATION SHEET at the top of Section 4. Take a fresh Woman's Questionnaire, fill in all the information on the cover page and write CONTINUATION on the top. Go to Section 4 in the second Woman's Questionnaire. Leave the first column of the second questionnaire blank. Change the heading of the second and third columns to 'THIRD-FROM-LAST BIRTH' and 'FOURTH-FROM-LAST BIRTH', and record the name(s) and birth history number(s) of the additional birth(s). Then return to the original questionnaire to begin asking the questions for the last born child.

Ask all the relevant questions in Section 4 for the last-born child before asking question for the next-to-last birth, etc. When asking questions, be sure to insert the name of the child where indicated so there is no confusion about which child you are referring to.

You will notice that the set of questions on prior births is more limited than the questions for the last birth. It is very important that you ask all of the appropriate questions for these births so you will need to follow the skip instructions carefully. You should not proceed to Section 5 until you have asked the appropriate questions for all births the woman had since January [2005], including any births you may have had to record in a second questionnaire.

Qs. 405 and 406: DESIRED TIMING OF PREGNANCY

These questions are asked to ascertain whether the respondent's children were wanted or unwanted and, if wanted, whether they were born sooner than preferred.

Q. 407: HOW LONG TO WAIT

Note that this question asks how long the respondent wanted to wait before becoming pregnant, not before giving birth. Record the answer in either months or years, and circle the corresponding code. If the respondent gives a general answer such as "I would have liked to have waited until I was ready," ask her how many months or years she wanted to wait. Record the extra time that she said she would have preferred to wait before becoming pregnant.

Example: A woman became pregnant 18 months after her previous birth but she tells you she would have preferred a two-year (24-month) interval before becoming pregnant again. You would circle 1 for MONTHS and record '06' in the adjacent boxes (24-18 = 6).

Qs. 408 and 409: ANTENATAL CARE PROVIDER(S)

This question refers to any antenatal care given by a health care provider during her pregnancy. The care should have been specifically to check her pregnancy and not for other reasons. If the respondent did not receive antenatal care, skip to Q. 415. If the respondent answers YES, then ask her whom she saw

(Q. 409). Since we are interested in all of the persons the woman saw, you must use the prompt (e.g., “Anyone else?”) to make sure the woman informs you about all the persons from whom she received care for the pregnancy.

Q. 410: PLACE(S) WHERE ANTENATAL CARE RECEIVED

This question seeks information on where the woman received care for her pregnancy. Antenatal care is usually given at a health care facility but is sometimes provided in the pregnant woman’s home.

Similar to Q. 409, we are interested in all of the places where the woman received antenatal care. Be sure to use the prompt (e.g., “Anywhere else?”) and record all the places where she was seen for care.

As is the case with earlier questions about family planning sources, when choosing a code in Q. 410, you need to know whether the place is in the public sector (run by the government) or in the private sector (e.g., a hospital or clinic run by a nongovernmental organization or a private doctor’s office). If you cannot determine the type(s) of source(s), write the name(s) in the space provided and your supervisor will find out if it is public or private.

Q. 411: MONTHS PREGNANT AT FIRST ANTENATAL VISIT

Ask the respondent how many months into her pregnancy she was when she received her first antenatal care. If she does not remember, ask her how many periods she had missed at the time. Assume each missed period corresponds to a month and enter the number in the space provided. For example, if the respondent doesn’t recall how many months pregnant she was when she first received antenatal care, but knows that she had missed three periods, record ‘03’.

Q. 412: FREQUENCY OF ANTENATAL CHECKUPS

Then ask her how many times in total she saw someone for antenatal care during her pregnancy. This refers to care related to her pregnancy and should not include seeing a doctor or nurse for other reasons.

Q. 413: TESTS PERFORMED DURING ANTENATAL CHECKUPS

We want to know whether each of the tests listed was ever performed on the respondent during any of the antenatal checkups she had for the last pregnancy. It does not matter if they were performed only once or more than once, or performed in the same visit or spread over several visits. Ask about each test and record the response before asking about the next test.

Blood pressure is measured with a blood pressure gauge or unit. A rubber cuff is wrapped around the woman’s upper arm and inflated. As the air filling the cuff is slowly released, the health care provider uses a stethoscope to listen to the blood pulsing of through the blood vessels while simultaneously examining the gauge to determine the blood pressure.

A blood sample may be taken from the woman’s fingertip or from a vein (usually from a vein in the wrist or in the forearm near the fold of the elbow). The blood sample is used to test for various diseases, such as anemia or malaria.

Q. 414: PREGNANCY COMPLICATIONS

Qs. 415-420: TETANUS TOXOID INJECTIONS

Neonatal tetanus is a disease that kills many babies. Another name for tetanus is lockjaw [local term(s)]. If a woman receives at least two tetanus vaccinations during any pregnancy, she is considered to be adequately immunized to protect her baby against neonatal tetanus. A child also is considered to be adequately protected if the mother received at least five injections with tetanus vaccine during her lifetime and the last booster was received within a ten-year period prior to the pregnancy.

Qs. 415-416 ask about whether the respondent received any tetanus injections during that pregnancy and, if so, how many times she was given the tetanus injection. The tetanus vaccine is usually given to the pregnant woman as an injection in the arm or the shoulder.

A respondent who does not report receiving at least two injections with tetanus vaccine during the pregnancy must be asked several additional questions to assess whether she was adequately immunized at the time of her pregnancy. Qs. 418-419 inquire about whether she received any tetanus injections prior to the pregnancy (e.g., during an earlier pregnancy or during childhood) and, if so, the total number of tetanus injections she was given before the pregnancy. She will also be asked how many years ago the most recent tetanus injection was received (Q. 420). For a woman who received a single tetanus injection during the pregnancy of her last birth, we are asking about the most recent tetanus injection that she received prior to the pregnancy of her last birth.

> *Example*: Ana was interviewed in December, 2010. She has two children, Marie and Jose. Jose is her last birth. She says that she had one tetanus injection when she was pregnant with Jose and two injections when she was pregnant with Marie who was born in September 2007. She also is sure that she had all of the required childhood immunizations before entering school although she is not sure how many tetanus injections she had.
>
> For this respondent, you should record YES in Q. 415, record ‘1’ in Q. 416, and check ‘OTHER’ in Q. 417. You should record YES in Q. 418 since she had tetanus injections prior to the pregnancy.
>
> Since the respondent is sure she had all required immunizations before entering school, you may assume that she had three immunizations during early childhood. Including the two injections when she was pregnant with Marie, this means she had a total of five tetanus injections before she became pregnant with Jose. Thus, you should record ‘5’ in Q. 419. Prior to her pregnancy with Jose, her most recent tetanus injection was in 2007, the year of Marie’s birth. Thus, in Q. 420, record ‘03’ since the tetanus injection was given three years ago.

Qs. 421 and 422: IRON TABLETS/SYRUP

Anemia is a common problem during pregnancy that can be overcome by additional intake of iron. Q. 421 asks whether the woman was given or bought

any iron tablets or syrup during her pregnancy. Since some women may not know that they were given iron tablets, show the woman the sample tablets as you ask this question. Note that we are not asking whether or not she consumed the tablets/syrup she was given or bought; rather, we want to know whether she had the tablets/syrup in her possession during the pregnancy. We also are asking if she was given or bought the tablets, not if she already had them at home, so record NO in that instance and skip to Q. 423.

If the respondent was given or bought iron tablets/syrup (YES in Q. 421), ask her for how many days during her pregnancy she took the tablets/syrup. Record the response in the boxes. Remember to put a leading zero in front; 30 days would be '030'. If she was given or bought iron tablets but never took one, record '000'.

If she does not remember, probe for the approximate number of days, e.g., by asking how many months pregnant she was when she began taking the tablets and whether she took the tablets every day after that.

Q. 423: DRUG FOR INTESTINAL WORMS

Treatment of intestinal parasitic infections has an impact on the anemia status of women during pregnancy. To see if the woman took any drug for intestinal worms during her pregnancy, we ask Q. 423.

Q. 424: PREVENTIVE TREATMENT FOR MALARIA DURING PREGNANCY

In certain areas, malaria is endemic and accounts for a significant proportion of illness/disease and mortality. In such areas, pregnant women are recommended to take malaria prophylaxis throughout their pregnancy. To see if the respondent followed these precautions, we ask in Q. 424 if she took any drugs to prevent her from getting malaria during her pregnancy.

If the respondent says that she had malaria or a fever during the pregnancy and was given drugs to treat the malaria or fever that would not be considered preventive treatment. Drugs to prevent malaria are only drugs that she takes during pregnancy when she does not have malaria already. Record YES only for women who took malaria drugs when they did not already have malaria.

Q. 425: SPECIFIC DRUGS TAKEN FOR MALARIA PREVENTION

If the respondent took an antimalarial to prevent malaria during pregnancy, record the drug(s) that she was given or bought in Q. 425.

If she does not know which drug it was or cannot remember the name, ask her to show you the package that the drug came in. If she doesn't have the package, show her typical antimalarial drugs and ask if she took any of them. If she mentions that she was given three tablets to take all at the same time in order to prevent malaria, circle 'A' on the assumption that she took SP/Fansidar.

Note that you should circle more than one code if the respondent says that she took more than one type of drug to prevent malaria. To record the use of antimalarial drugs other than the ones listed, circle 'X' and write the name of the drug in the space provided. If she still cannot identify a drug, circle 'Z' for DON'T KNOW.

Q. 426: FILTER FOR TYPE OF DRUG TAKEN FOR MALARIA PREVENTION

Q. 427: NUMBER OF TIMES SP/FANSIDAR WAS TAKEN

Here we are asking about preventive doses of SP/Fansidar, not curative doses given if the respondent had a fever. Thus you should count only the "doses" taken when the woman was taking SP/Fansidar during her pregnancy to prevent malaria. If the woman was given SP/Fansidar because she was sick with fever during the pregnancy, do not count the doses she received to treat her fever.

Remember that we are not interested in the total number of times the respondent may have taken an antimalarial drug during her pregnancy but only in the number of times she took SP/Fansidar.

We are also interested in the number of times the woman took SP/Fansidar and not the number of tablets she took. Thus if she says she took 3 tablets at one time, record '01' for the dose in Q. 427.

Q. 428: FILTER FOR ANTENATAL CARE FROM HEALTH PERSONNEL

Q. 429: SOURCE OF SP/FANSIDAR

The purpose of this question is to find out whether the respondent received SP/Fansidar as an integrated component of her antenatal care or separate from her antenatal care. For example, she could have gotten the drug during a non-ANC facility visit, or she could have bought it on her own from a shop or pharmacy. Only one response code can be circled in this question. If the respondent got SP/Fansidar from two or more of the sources, circle the source that appears highest on the list.

Q. 430: SIZE OF BABY

Read the entire question before accepting an answer. This is the woman's own opinion about the size of her baby. Some respondents may give you the baby's birth weight instead of a size. Insist that you want to know whether she thinks the baby was VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, or VERY SMALL. If the respondent herself is unable to tell you the baby's size at birth, do not record an answer based on the birth weight information; simply circle '8' for DON'T KNOW.

Qs. 431 and 432: WEIGHT AT BIRTH

These questions seek information on whether the baby was weighed at birth and, if so, the baby's weight. Notice that in Q. 432 there are two sets of boxes for recording the birth weight; the first is KILOGRAMS FROM CARD, and the second is KILOGRAMS FROM RECALL. KILOGRAMS FROM CARD refers to a written record of the birth weight on a document, such as the vaccination card, the antenatal card, or the birth certificate. KILOGRAMS FROM RECALL refers to the mother's verbal report of her child's birth weight, which she is reporting from memory.

When recording the birth weight, first circle the appropriate code in front of the boxes; '1' for KILOGRAMS FROM CARD and '2' for KILOGRAMS FROM RECALL, and then fill in the birth weight. Always record the birth weight from the card when possible. When recording information from the card, check the date on the card or ask the mother to be sure that the weight recorded on the card was the child's weight at birth.

You will fill in the boxes for KILOGRAMS FROM RECALL only if there is no card or no birth weight was recorded on the card. If there is no weight available from a card and the respondent says she cannot remember the exact birth weight, ask her to give you her best estimate. Only record DON'T KNOW if she absolutely cannot remember even an approximate weight.

Q. 433: ASSISTANCE AT DELIVERY

Again, when asking the question, be sure to insert the name of the child you are referring to, so that there is no confusion. If the respondent is not sure of the status of the person who assisted with the delivery, for example, if she does not know whether the person was a midwife or a traditional birth attendant, probe. The codes are letters of the alphabet to remind you to circle codes for all the people she says assisted with the delivery.

Q. 434: PLACE OF BIRTH

The intent of this question is to identify births delivered in a health facility. If the woman gave birth in a health facility, ask whether the place is in the public (run by the government) or private sector. Write the name of the facility in the space provided if the respondent does not know whether the place is run by the government or is private. Inform your supervisor about the problem. The supervisor will identify the type of facility.

Q. 434A: STAY IN HEALTH FACILITY FOLLOWING DELIVERY

This question is intended to find out the length of a woman's stay in a health facility following a delivery. Note that we are not concerned with the total time she spent at the facility but the time she remained in the facility after giving birth.

In recording her response, first circle the appropriate code for the unit of time the respondent mentions (i.e. r HOURS, '2' for DAYS, or '3' for WEEKS) and then record the time she remained in the facility in the boxes next to that code.

Q. 435: CAESAREAN SECTION

A caesarean section is a delivery of a baby through an incision in the woman's abdomen and womb, rather than through the birth canal. Such a delivery is necessary for some women due to pregnancy complications. Find out whether the baby was delivered by an operation and not through the birth canal.

Qs. 436-440: POSTPARTUM CHECK FOR MOTHERS

Getting a postpartum check soon after the baby is born is crucial for the health of the mother. We are interested in knowing whether the respondent saw anyone for a postpartum check and, if so, who performed the check and how

many hours, days or weeks after the birth the first check took place. In this set of questions, we are asking only about a health check for the mother. If someone checked on the health of the baby, but not the mother, that check would not be included here. Postnatal checks for the baby are covered in Q442-445.

Q. 436 is directed to women who delivered in a health facility and inquires whether anyone checked on the woman's health before she was discharged. If YES, skip to Q. 439 to obtain more information on the check. If NO, the respondent is asked Q. 437, which seeks information on whether the woman had a postpartum check from anyone after she was discharged from the health facility. You should mark YES to Q.437 only if the check was related to her delivery and not if the care was for some other problem she had.

Q. 438 is asked to women who delivered outside a health facility. The question asks if the woman was seen by anyone for a check of her health relating to the delivery within two months following the birth. Record NO if the woman saw a provider but the care was unrelated to the delivery.

Qs. 439 and 440 seek information on who conducted the first postpartum check and when after the delivery it took place. All mothers who received postpartum care (those who answered YES to Q. 436, Q. 437, or Q. 438) are asked Q. 439 and Q. 440 regardless of where the care was received.

Qs. 439 and 440 refer to the first check after birth, so multiple answers are not allowed. If the woman reports that more than one person conducted the first postpartum check in Q. 439, circle the code for the person that appears highest in the list. In completing Q. 440, remember that you must first circle a code for the unit of time the respondent mentions (i.e. HOURS, DAYS, or WEEKS) and fill in a number in the boxes to the right of the code you circle. If the woman is uncertain about the exact time, probe to get the best estimate as to how long after delivery the first check took place.

Qs. 442-445: CHECK OF BABIES AFTER BIRTH

Q. 442 asks about whether the baby received a check from a health provider or traditional birth attendant in the two months after the baby was born. The term health provider includes health professionals such as doctors, nurses, midwives, as well as community health workers. Checks for the newborn include actions such as checking the baby's cord, assessing the baby's temperature, weighing the baby, observing breastfeeding, and counseling danger signs. For those babies who did have a check, additional questions are asked about the first check the baby had including: when this check took place (Q. 443), the person who did the check (Q. 444), and where the check took place (Q.445).

Q. 445 inquires about the place where the first check on the baby took place. Such care can be given at a health care facility or provided in the woman's home or another home. Again if you cannot identify the type of source (public or private), write the name of the place and inform your supervisor who will assist in identifying the source.

Q. 446: VITAMIN A

Show the vitamin A ampoule, capsule, or syrup and ask the respondent whether she received vitamin A within two months after delivery.

Qs. 447-449: MENSTRUAL PERIOD AFTER BIRTH

After a woman has given birth, there is a length of time when she will not have her monthly menstrual periods. Q. 447 asks about whether a woman's period has resumed following the last birth while Q. 448 inquires about the return of the woman's period for all other births.

Q. 449 is asked of women who say their period returned following the birth. Record the woman's answer in completed months. Remember to put a zero in the first box for responses of less than ten months.

Q. 450: FILTER (LAST BIRTH ONLY) FOR CURRENT PREGNANCY STATUS

Qs. 451 and 452: POSTPARTUM ABSTINENCE

Couples may decide to wait a certain length of time after the birth of a child before resuming sexual relations (postpartum abstinence). Qs. 451 and 452 are asked to determine for how long the woman abstained from sexual intercourse after the birth of her child. Again record the woman's answer in completed months.

Q. 453: CHILD EVER BREASTFED

Breastfeeding is important for fertility and child health. For this question, it does not matter how long the respondent breastfed the child, only whether or not she ever gave the child the breast, even if the baby died very young.

Q. 454: FILTER FOR LIVING CHILD

Q. 455: WHEN BREASTFEEDING BEGAN

If the mother reports that the baby was put to the breast immediately after birth, circle '000.' Otherwise, record the time in completed hours or days.

> *Example*: The woman said she began breastfeeding within an hour of the birth. Circle '1' and record '00' hours.
>
> *Example*: The woman said she began breastfeeding 30 hours after the birth. Circle '2' (DAYS) and record '01'.

Qs. 456 and 457: PRELACTEAL FEEDING

These questions are asked to find out whether the baby was given any fluid other than breast milk before the mother's breast milk began to flow regularly. In Q. 457, circle all applicable codes.

Q. 458: FILTER FOR LIVING CHILD

Q. 459: STILL BREASTFEEDING

Q. 459 is only asked if the child is still alive (Q.458). Note that for Q. 459, it does not matter whether she is giving the child other liquids or foods as well; we are interested in knowing whether the child is being breastfed at all.

Q. 460: BOTTLE WITH NIPPLE

The use of bottles with nipples can be unsanitary and can indicate early or inappropriate weaning. You should record 'YES' if the child was given anything in a bottle during the day or night before the interview.

Q. 461: FILTER FOR NEXT CHILD

At this point, go back to Q. 405 to ask questions in Section 4 for the child in the next column. If you have finished these questions for all births in the last five years, proceed to Q. 501.

F. Section 5: Child Immunization, Health and Nutrition

Qs. 501-503: TABLE HEADING

There is an important difference between Sections 4 and 5. Section 4 obtains information for both living and dead children, while Section 5 obtains information only for living children. However, you will still need to complete the table headings for both living and dead children in Section 5.

Complete the table heading, following the same procedure as you did for Section 4. Check Qs. 212 and 216 and fill in the Birth History Number (Q. 502), child's name, and survival status (Q. 503) at the top of this page and the child's name at the top of each of the subsequent pages in the Child Health table. Make sure to start with the last birth, then the next to last, etc.

If there are more than three births since January [2005], you will need to use the continuation questionnaire that you prepared earlier. Write SEE CONTINUATION SHEET at the top of Section 5. Check the cover page to make sure that you have the correct continuation questionnaire. Go to Section 5 in the continuation questionnaire. Leave the first column of the questionnaire blank. Change the heading of the second and third columns to 'THIRD-FROM-LAST BIRTH' and 'FOURTH-FROM-LAST BIRTH', and record the name, birth history number, and survival status of the additional birth(s). Then return to the original questionnaire to begin asking the questions for the last born child.

After completing Q. 503 for all births since January [2005], start with the LAST BIRTH in the first column and do one of three things: 1) if the child is alive, ask Q. 504; 2) if the child is dead, go to the next column for the birth recorded there; or 3) if there are no more births, go to Q. 553.

Q. 504: VACCINATION (HEALTH) CARD

You should have obtained documentation (birth certificates and vaccination (health) cards) for eligible children at the beginning of the interview. If you have not already collected the vaccination (health) card(s), ask the respondent to look for the card(s). In some cases, the respondent may hesitate to take time to look for the card(s), thinking that you are in a hurry. Since it is critical to

obtain written documentation of the immunization history for all eligible children, be patient if the respondent needs to search for the card(s).

If the respondent shows you the card for a child, record YES, SEEN. If the respondent says the child has a vaccination (health) card, but she is unable to show it to you because she has lost it, someone else has it, or it is not accessible to her during the interview, record YES, NOT SEEN for that child. If the respondent says she does not have a card for her child, record NO CARD. Each response has a different skip instruction, so be careful to follow the correct skip pattern.

Q. 505: EVER HAD VACCINATION (HEALTH) CARD

If, in Q. 504 the woman tells you she does not have a vaccination (health) card for her child, ask her in this question whether she ever had a card for that child. It is possible that she at one time did have a card, but no longer has it. Circle the appropriate code and skip to Q. 509.

Q. 506: RECORDING VACCINATIONS

If you have a vaccination (health) card for the child, fill in the responses to Q. 506, taking the information directly from the card. When there is more than one eligible child, be certain to match the correct card with the child you are asking about.

Before copying dates from the card to Q. 506, examine the card carefully. The card may list the vaccinations in a different order than the questionnaire. Also Q. 506 requires dates to be recorded with the day first, then the month and then the year. Check the card carefully to see which way the dates are written because sometimes the month might come first, followed by the day and year. Be very careful to record dates correctly.

Besides recording vaccination dates on the card, some health facilities may also record the dates (appointments) on which the mother should bring her child for the next immunizations. Be very careful not to record a scheduled appointment date as a vaccination date. It is possible that an appointment date was given, but the child never received the vaccination. Only record dates that vaccinations were actually given, and not dates of appointments. Be patient and read the card thoroughly.

If the card shows only part of the date, record ‘98’ for DON’T KNOW in the column for which the information is not given.

> *Example*: If the date given was July 2006, you would record ‘98’ for DAY, ‘07’ for MONTH, and ‘2006’ for YEAR.

If the card shows that a vaccination was given, but there is no date recorded, record ‘44’ in the DAY column next to the vaccine and leave the month and year blank. Again, be careful to examine the card closely. For example, if a date is given for a DPT vaccination and there is simply a check to show that a polio vaccine was also given, record the date of the DPT injection on the polio line since the check probably indicates that the vaccinations were given on the same day. Some immunization cards have only a single line for DPT1 and POLIO1,

DPT2 and POLIO2, etc. If there is a date on just one of these lines, record the same date for both the DPT and polio injections.

Example:

Mary's health card shows the following immunizations:

			LAST BIRTH							
			DAY		MONTH		YEAR			
BCG	May 20, 2006	BCG	2	0	0	5	2	0	0	6
Polio 0	May 20, 2006	POLIO 0 (POLIO GIVEN AT BIRTH)	2	0	0	5	2	0	0	6
Polio 1	August 25, 2006	POLIO 1	2	5	0	8	2	0	0	6
Polio 2	October, 2006	POLIO 2	9	8	1	0	2	0	0	6
Polio 3	No date	POLIO 3								
DPT 1	August 25, 2006	DPT 1	2	5	0	8	2	0	0	6
DPT 2	October, 2006	DPT 2	9	8	1	0	2	0	0	6
DPT 3	No date	DPT 3								
Measles	Given, no date	MEASLES	4	4						
Vitamin A	October, 2006	VITAMIN A (MOST RECENT)	9	8	1	0	2	0	0	6

Q. 507: FILTER FOR COMPLETE IMMUNIZATION

Q. 508: ANY VACCINES GIVEN BUT NOT RECORDED

Sometimes a child receives a vaccine but no record is made on the vaccination (health) card. After copying the card, ask the respondent whether the child received any vaccinations that are not recorded on the card. This includes vaccination given in national immunization campaigns.

If the mother reports that the child did receive a vaccination for which no date was recorded on the card, record YES in Q. 508. Then, go back to Q. 506, record '66' in the DAY column next to the vaccine received, and leave the month and year blank. In Q. 508, only record YES if the respondent lists one (or more than one) of the vaccinations that are listed in Q. 506, but are not recorded on the card as having been given.

The mother may tell you that the child did not receive any immunizations other than those recorded on the card. In this case, circle '2' for NO in Q. 508. At the end of this question, skip to Q. 511 no matter what answer was recorded.

Q. 509: EVER HAD A VACCINATION (BUT NO HEALTH CARD)

You will ask this question only if you did not see a vaccination (health) card for this child. In that case, all of the information about vaccination of children will be collected from the mother, based on her memory about those vaccinations.

Qs. 510-510G: VACCINATIONS FOR CHILDREN WITH NO CARD

If you did not see a child's vaccination (health) card and the respondent tells you that the child did receive at least one vaccination, you will ask about whether the child received each of the following vaccinations: BCG, polio, DPT, and measles/MMR.

Read the introductory question (Q. 510) and then ask Qs. 510A-G, following the appropriate skip patterns. Because there are many types of vaccines, we specify how each one is given so the mother will know which vaccine we are asking about. Read the whole sentence before accepting the woman's response.

Notice that there are follow-up questions for the polio and DPT vaccinations. For the polio vaccine, we ask whether the child received it, when the child first received it (country specific), and how many times the child received it. For the DPT vaccination, we ask whether the child received the vaccination and how many times.

[Because the timing of measles/MMR vaccination is country-specific, Q. 510G should be adjusted accordingly.]

Q. 511: VITAMIN A SUPPLEMENTATION

Q. 511 asks if the child received a vitamin A dose within the six-month period before the survey. As a visual aid, show the woman common types of vitamin A ampoules, capsules, or syrups. Do not record 'YES' if the child received the last dose more than six months ago.

Q. 512: IRON DEFICIENCY SUPPLEMENTATION

Iron supplementation is believed to be one of the most effective methods of alleviating anemia. Iron supplements for infants and young children are commonly given in the forms of tablets or pills, or liquids (syrups or drops). A packet containing tiny iron particles that may be sprinkled on a child's food is also available. When asking Q. 512, show the woman the iron supplement samples and be sure to include the time reference. Since iron supplementation of children may occur in weekly or daily form, Q. 512 asks if the child received iron supplementation in the past 7 days (week).

Q. 513: INTESTINAL WORMS

Worm control improves the nutritional status of children. It is possible with cheap and effective drugs that are safe in pre-school children. Q. 513 asks if the child took any drug for worms in the past six months.

Q. 514: DIARRHEA IN LAST 2 WEEKS

Diarrhea is a major cause of illness and death among young children in developing countries. If a respondent is not sure what we mean by diarrhea, tell her it means "more than three runny stools per day." While reading this question, emphasize "in the last two weeks."

Q. 515: BLOODY DIARRHEA

Record whether there was any blood in the stools. Blood in the stools is a symptom of dysentery, an infection caused by certain bacteria, parasites, and intestinal worms.

Qs. 516 and 517: DRINKING AND EATING DURING DIARRHEA

The amount of fluids or food given while a child has diarrhea may be different than normal. Read the entire question before accepting a response. We are interested in knowing the amount of fluids and/or food the child ate or drank. If a respondent says "less" probe to determine more specifically if she meant "much less" than usual or "somewhat less".

Qs. 518 and 519: ADVICE OR TREATMENT SOUGHT FOR DIARRHEA

These questions ask whether advice was sought from someone else on how to treat this episode of diarrhea, for example, advice from a health center, a health worker, or a traditional healer. Record YES if anyone sought advice or treatment for the child's diarrhea (not just the mother).

If advice or treatment was sought (Q. 518 is YES), ask Q. 519 and probe for all sources. Circle the code for each facility or person contacted.

If the respondent does not know whether a facility is public or private, write the name of the facility in the space provided, and inform your supervisor after you complete the interview.

Q. 520: FILTER FOR NUMBER OF PLACES ADVICE/TREATMENT FOR DIARRHEA SOUGHT

Q. 521: FIRST PLACE ADVICE/TREATMENT FOR DIARRHEA SOUGHT

For women citing more than one source in Q. 519, probe in Q. 521 for the first place where advice/treatment for diarrhea was sought. If the woman mentions a source that is not recorded in Q. 519, first probe to be sure that advice was sought from the source and then add that source in Q. 519.

Q. 522: SPECIAL FLUIDS

Women are asked if they gave a child with diarrhea fluid made from a packet of oral rehydration salts (ORS) such as [LOCAL NAME FOR ORS PACKET], a pre-packaged ORS liquid, or a government-recommended homemade fluid. Read out each item and circle the answer given after each item. Be sure to circle a code for each item. Do not leave any item blank.

Qs. 523 and 524: TREATMENT FOR DIARRHEA OTHER THAN SPECIAL FLUIDS

These questions ask the mother whether the child received any treatment for diarrhea other than those mentioned in Q. 522 for this episode of diarrhea. If in Q. 522 you learned that the child was given fluid from an ORS packet, then phrase Q. 523 by saying, "Was anything else given to treat the diarrhea?" If none of the liquids was given, ask Q. 523 by saying, "Was anything given to treat the diarrhea?"

If you learn in Q. 523 that the child was given something to treat the episode of diarrhea, ask Q. 524 to identify what the mother or anyone else may have given the child. After recording a treatment, ask the woman whether "anything else" was given, but do so without implying that something else should have been given.

Qs. 525 and 526: FEVER IN LAST 2 WEEKS

Fever is a symptom of both malaria and pneumonia, which are two of the principal causes of death for young children in many countries. Often children with fever receive treatment for malaria regardless of whether they have malaria or pneumonia. As a result, anti-malarial drug resistance has become a major problem. To stop it, health personnel must diagnose malaria in children, and provide treatment for malaria only to those children who are infected with the malaria parasite. Malaria is diagnosed by taking a few drops of blood from the patient and examining them for the presence of malaria parasites or malaria-specific proteins.

For Q. 525 record YES only if the fever occurred in the two weeks prior to the date of interview and then go on to Q. 526. If the response to Q. 525 is NO or Don't Know, skip to Q. 527.

Q. 527: COUGH IN LAST 2 WEEKS

Record YES only if the cough occurred in the two weeks prior to the date of interview.

Q. 528: CHILD BREATHED FASTER THAN USUAL/HAD DIFFICULTY BREATHING

This question is asked only if the child had a cough in the past two weeks. Short, rapid breathing or difficulty breathing are signs of pneumonia or other acute respiratory infections, which are a principal cause of death among children.

Q. 529: FAST/DIFFICULT BREATHING DUE TO CHEST PROBLEM/BLOCKED NOSE

The purpose of this question is to better distinguish between respiratory illness which is life threatening and an ordinary runny nose which is less serious.

Q. 530: FILTER FOR FEVER

Qs. 531 and 532: DRINKING AND EATING DURING FEVER/COUGH

The amount of fluids or food given while a child has fever/cough may be different from normal. If the child had a fever or a cough but not both, read the question with the appropriate illness at the end of the sentence. For example, if the child had both a fever and a cough, read the statement preceding Q. 531 as follows: "Now I would like to know how much (NAME) was given to drink (including breast milk) during the illness with a fever and a cough." Read the entire question before accepting a response. We are interested in knowing the amount of fluids and/or food the child ate or drank. If a respondent says 'less', probe to determine if it was "much less" than usual or "somewhat less".

Qs. 533 and 534: ADVICE OR TREATMENT FOR COUGH/FEVER SOUGHT

Record YES in Q. 533 if anyone sought advice or treatment for the child's fever or cough (e.g., the grandmother). If advice or treatment was sought, go on to

ask Q. 534. Probe to determine whether more than one person or more than one place was consulted, and record all places mentioned.

If the respondent does not know whether the facility is public or private, write the name of the facility in the space provided. At the end of the interview, inform the team supervisor about the problem in classifying the source.

Q. 535: FILTER FOR NUMBER OF PLACES ADVICE OR TREATMENT FOR FEVER/COUGH SOUGHT

Q. 536: FIRST PLACE ADVICE OR TREATMENT FOR FEVER/COUGH SOUGHT

For respondents naming more than one source in Q. 534, probe in Q. 536 for the first place where advice/treatment for fever/cough was sought. If the woman mentions a source that is not recorded in Q. 534, first probe to be sure that advice or treatment was sought from the source and then add that source in Q. 534.

Qs. 537 and 538: TREATMENT OF THE FEVER/COUGH

Ask the respondent whether the child who had fever/cough in the past two weeks has taken any drugs for the fever and, if so, what drugs the child received. Note that more than one drug may have been administered to the child during the illness.

If the child did not receive any drugs for the fever/cough, or if the respondent doesn't know, go back to Q. 503 in the next column, or if there are no more births, continue to Q. 553.

If the child received treatment, in Q. 538, mark all the drugs mentioned by the woman. If the woman does not know the name of the drug, ask her to show you the drugs. Record DON'T KNOW only if she cannot show you the drug or you cannot determine the type of drug given to the child.

Q. 539: FILTER FOR ANTIMALARIAL DRUGS GIVEN TO TREAT FEVER

Q. 540: FILTER FOR SP/FANSIDAR GIVEN

Q. 541: LENGTH OF TIME CHILD HAD FEVER BEFORE BEING TREATED WITH SP/FANSIDAR

This question asks about the time interval between the beginning of the child's fever and when he/she took the first dose of SP/Fansidar to treat the fever. If he/she started taking SP/Fansidar the same day the fever started, circle '0' for SAME DAY. If SP/Fansidar was first given the next day (the day after the fever began), circle '1' for NEXT DAY and so on.

Qs. 542-551: INFORMATION ABOUT OTHER DRUGS TAKEN FOR FEVER

Qs. 542 through 551 are identical to Qs. 540 and 541 except that they ask about other drugs taken for the fever (chloroquine, amodiaquine, quinine, etc.).

Q. 552: INSTRUCTION TO ASK QUESTIONS 504-553 FOR NEXT CHILD

At this point, go back to Q. 503 and ask the series of questions for the birth in the next column. If there are no other births, proceed with Q. 553.

Q. 553: FILTER FOR NUMBER OF CHILDREN BORN IN [2005] OR LATER

Check Qs. 215 and 218 to find out how many children the respondent has who were born in [2005] or later and who are living with her. If there are no children born during this period who are living with the respondent, mark the box on the right and go to Q. 556. If she has one or more children born during this period who are living with her, mark the box on the left. Then proceed to ask Q. 554 for the youngest child born since January [2005] and living with the respondent.

Q. 554: DISPOSAL OF STOOLS

Correct disposal of stools is linked with lower risks of spreading diarrheal illnesses. Mothers are asked about what was done the last time their youngest child passed stools.

Q. 555: FILTER FOR CHILD OR CHILDREN HAVING RECEIVED ORS PACKETS

Q. 556: KNOWLEDGE OF ORS PACKETS

This question will be asked to determine whether respondents have heard of a special ORS packet or a pre-packaged ORS liquid to treat diarrhea. It is asked of all women interviewed with the exception of women with children born in [2005] or later who were given an ORS packet or pre-packaged ORS liquid to treat a recent case of diarrhea. When asking Q. 556, be sure to use any local name that is used for these packets.

Q. 557: FILTER FOR CHILD BORN IN [2008] OR LATER AND LIVING WITH RESPONDENT

If the respondent has at least one child born in [2008] or later and living with her, be sure to record the name of the youngest such child in the space provided.

Q. 558: LIQUIDS AND FOODS GIVEN YESTERDAY

The purpose of this series of questions is to obtain a better picture of the diversity of the child's diet. Only women who have had at least one child born in [2008] or later and living with her are eligible for the questions. If the respondent has more than one child born in [2008] or later living with her, the questions relating to the child's diet will be asked for the youngest child.

Help the respondent to recall what the child ate the day before, as follows:

- Begin by reading the introductory portion of the question slowly, emphasizing that the question concerns what the child drank or ate **yesterday** during both the day and night. Then ask about each of the items in the order they appear in the question. Be careful to record the response ("YES," "NO" OR "DON'T KNOW") for an item before asking about the next item.

- For categories that have more than one item of food or drink, circle '1' for "YES" if any item in that category was given. For questions regarding consumption of milk (Q. 558d), infant formula (Q. 558e), and yogurt (Q. 558g), follow up by asking how many times the child consumed the item.

- As you are asking about the initial items in Q. 558, the mother may interrupt and list the foods and liquids that her child consumed. Begin with the foods or liquids she mentions that the child received and circle a '1' for each item in Q. 558. You may need to ask the woman to repeat the items to make sure that you have recorded all the food types correctly.

- Sometimes the mother may tell you that her child had "soup," "porridge" or "stew". Since these typically include a variety of food types, it is important that you probe to find out the ingredients included in the soup, porridge or stew. For example, if the mother tells you her child had soup, ask what was in the soup and record all the ingredients. If the soup contained carrots, white potatoes, and beef, record YES in the category of "Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside" to record the carrots, YES in the category of "White potatoes, white yams, manioc, cassava, or any other foods made from roots" to record the white potatoes, and YES in the category of "Any meat, such as beef, pork, lamb, goat, chicken, or duck" to record the beef.

- The category "clear broth" refers only to clear water-based broths." Soups that include foods should not be included here, but should be handled as described above.

- Once you have entered all of the foods or liquids that the child consumed, you must go back and ask about any categories which the woman did not mention. If the woman now mentions a food item the child ate yesterday (or had mentioned it before) which is not listed in any of the existing food groups, write the name of the food next to the Q.558u "Any other solid, semi-solid, or soft food?" Ask your team supervisor or editor for help in coding the response into the correct food group.

If the respondent tells you that her child was given only the items she has already mentioned (e.g., infant formula and juice), confirm that the child was not given anything else (e.g., by asking "Did (NAME) drink any other liquid at all?" and "Was (NAME) given any other solid or semi-solid food?"). If the mother confirms that the child was not given any other liquid or food, mark NO for all the other items in the list. Note that if the woman mentions breast milk, it is not necessary to record this information in Q. 558 because if the child had breast milk yesterday, the mother would have already told us back in Q.459 that she is still breastfeeding. Note also that Q. 558a ("Plain water?") refers to water by itself with nothing added to it.

If the mother was not with the child on the day before you conduct the interview, she may not be able to answer these questions. If this situation occurs, ask if you can talk to the person who was responsible for the child's care while the mother was away about what the child ate. It is also possible that the mother will consult other household members about what the child ate even if she was at home since the mother may not be the only one who fed the child yesterday. If at any time when you are asking Q. 558 you obtain information on liquids or foods the child was given from other household members, you should

write down the names of these individuals and a description of the circumstances on the same page as the relevant question. Also put a note in the OBSERVATION section at the end of the interview.

Before going on to the next question, check that there is a response circled for each item in Q. 558.
Note: in some parts of the world, use of infant formula and commercially fortified baby cereal is widespread. In other areas, these products may be uncommon, and respondents may not recognize the terms. Definitions of each are provided below:

- Infant formula. Infant formula is a commercial product that can be used to provide all or part of the nutrients that infants need for growth and development. Formula may be a powder or a liquid concentrate, either of which must be mixed with water before it is given to an infant. Alternatively, formula can be packaged in a ready-to-use container that can be fed to an infant without adding water. Common infant formula products available in [COUNTRY] include [SPECIFY].

  Most formula is milk-based and Q. 558e refers exclusively to formula of this type. In some regions of the world, however, soy-based formula is also found. In the DHS, soy-based formula is classified as an "other liquid." Therefore, if the mother reports the child had soy-based formula and not milk-based, record NO in Q. 558e (infant formula) and YES in Q. 558f (other liquids).

- Commercially fortified baby cereal. Commercially produced cereals specifically produced for feeding to infants or young children. Common infant cereal products available in [COUNTRY] include [SPECIFY].

Q. 559: FILTER FOR CHILD ATE ANY FOOD

Q. 560: SOLID, SEMI-SOLID, OR SOFT FOOD

This question is only asked if none of the food groups in Q. 558 are reported by the respondent during the food group recall of the child. This question verifies whether or not the child really had no solid, semi-solid or soft food the previous day. If the respondent says YES to Q. 560, go back to Q. 558 and record the food(s) eaten.

- Solid, semi-solid, or soft foods include both dishes prepared for the entire family and special dishes prepared exclusively for infants and young children. Thick soups, stews, and porridges are considered semi-solid foods.

- Very thin, watery soups and gruels are classified as liquids not as solid, semi-solid, of soft foods.

Q. 561: NUMBER OF TIMES CHILD GIVEN SOLID, SEMI-SOLID, OR SOFT FOODS

In this question, we try to find out the total number of times that the child was given solid, semi-solid, or soft foods the day before the interview. Count snacks given to the child between regular meals separately. If the number is 7 or more, record '7' in the box.

> *Example*: The respondent reports her child was breastfed 8 times the previous day and fed porridge in the morning and evening. The child also ate a smashed banana during the afternoon. Record '3' in Q. 561 since the child ate solid/semi-solid/soft foods 3 times the day before the interview. The number of times the child breastfed is not counted in response to Q. 561 because breast milk is not a solid, semi-solid or soft food.

G. Section 6: Marriage and Sexual Activity

Q. 601: CURRENTLY MARRIED OR LIVING WITH A MAN

Q. 601 asks if the respondent is currently married, living with a man in an informal union, or not in union. Remember that there are two different categories of YES responses: (1) "YES" woman is married and (2) "YES" lives with a man. Be sure, therefore, that you distinguish between these two categories. If the woman just responds YES, then ask her, if she is currently *married* or currently just *living* with a man. An informal union is one in which the man and woman live together for some time, intending to have a lasting relationship, but do not have a formal civil or religious ceremony. Casual sexual encounters are not included here.

> *Example*: If a woman went to live with her boyfriend and his family and has stayed for several years, they would be considered as "living together," whether or not they have any children. On the other hand, if a woman has a boyfriend but has never lived with him, she would not be considered in a union.

Q. 602: EVER BEEN MARRIED OR LIVED WITH A MAN

For women who are not currently married or living with a man (Response to Q. 601 is NO, NOT IN UNION), ask whether they have ever been married or lived with a man. Probe if necessary to make the correct distinction between YES, FORMERLY MARRIED and YES, LIVED WITH A MAN.

Q. 603: CURRENT MARITAL STATUS

This question is asked of a woman who was formerly in a union but is not married or living with a man at the time of the interview. Since she was in a union at one time, but is not on the day you are interviewing her, she will be widowed, divorced, or separated.

Q. 604: WHERE HUSBAND/PARTNER LIVES

When asking this question and subsequent questions, choose the appropriate term for the woman's relationship (husband or partner).

For a woman who is either currently married or living with a man, ask whether her partner actually lives with her or lives elsewhere. If the woman's partner usually lives with her but is away only temporarily, record LIVING WITH HER.

Q. 605: HUSBAND'S/PARTNER'S NAME AND LINE NUMBER

Write the name and line number of her husband/partner based on the information in Columns 1 and 2 of the Household Schedule. If the husband/partner is not listed as a household member, enter '00' in the boxes.

Q. 606: OTHER CO-WIVES/PARTNERS

We are interested to know whether or not the respondent's husband has other wives or cohabitating partners – that is, other women with whom he is living as if married. This does not include 'girlfriends' unless the husband is living together with the girlfriend as if married.

Q. 607: NUMBER OF CO-WIVES

The total number of wives/partners in Q. 607 should include the respondent as well as any other wives or cohabiting partners. Since the number has been assigned two boxes, remember to fill the first box with '0' for numbers less than 10.

Q. 608: RANK

In this question, we want to know the respondent's rank among her husband's wives: 01 if the woman is the first wife, 02 if she is the second, etc.

Q. 609: MULTIPLE MARRIAGES

As with Q. 601, we are interested in formal marriages as well as informal arrangements. If a woman was married or lived with a man and then was widowed, divorced, or separated from her partner and is now either married to or living with someone else, record MORE THAN ONCE. If a woman is not currently married but she was previously married two or more times, record MORE THAN ONCE. If she has married or lived together only once, circle Code 1.

Q. 610: DATE FIRST LIVED WITH A PARTNER

You need to do two things in this question. First, check back to the answer to Q. 609 and mark the appropriate box above the question. Then read the question under the box you marked and record the response as given by the woman.

We want to know the month and year when the respondent started living with her (first) husband or partner. If she can't remember the date, you will need to probe. The dates recorded in the birth history may help you in probing. For example, check the date of birth of her first child and ask her how many months or years before (or after) the birth she started living with her (first) husband or partner.

Note that we are interested in the starting date of her first union (marriage or living together), not the date of first sex or first birth. Do not assume that the starting date of first union comes before date of the first birth; it may be that

she had her first birth before her first union. If she answers in terms of the number of years ago (for example, “two years ago”), probe to find the month and year.

Notice that in recording the date in Q. 610, you will record both the month and year and if one of these items is not known, you will circle the code DON’T KNOW for that item (‘98’ for don’t know MONTH and ‘9998’ for don’t know YEAR).

Q. 611: AGE FIRST LIVED WITH HUSBAND/PARTNER

If, after asking the date the woman started living with her first partner (Q. 610), you were unable to record a year, ask how old she was when she started living with him. As with other age questions, if she doesn’t know, probe. Use information on events for which you already have information, e.g., ask how old she was when her first child was born, and then ask how long before or after giving birth she began living with her first husband or partner.

Notice that circling ‘9998’ for DON’T KNOW is allowed as a valid response for Q. 610. However, if you were unable to obtain a numerical response to YEAR in Q. 610, you will have to provide the AGE in Q. 611.

Q. 612: PRIVACY

The questions that follow require a high level of confidentiality. Make sure you have privacy with the respondent before you begin asking them.

Qs. 613-627: GENERAL INSTRUCTIONS

The purpose of these questions about sexual intercourse is to determine the respondent’s exposure to pregnancy, since fertility levels are directly related to the frequency of intercourse. Condom use also is of interest because it can help reduce the risk of transmission of HIV/AIDS and other sexually transmitted infections. These questions may be embarrassing for some respondents; therefore, ask them in a matter of fact voice. A common reaction for people who are embarrassed is to giggle or laugh. If you laugh in return or act as if you are embarrassed too, the respondent may think that the questions are not serious. Make sure you maintain a serious attitude.

Q. 613: AGE AT FIRST INTERCOURSE

If the respondent says she does not know how old she was when she first had intercourse, probe by relating it to how old she was when she first got married or had her first child. However, when doing this probing, be certain not to assume that the first time she had sex was at the time of her first marriage. If she says her first time was when she started living with her (first) husband/partner, record it as such by circling ‘95.’

Check to make sure that the age at first intercourse and the age at first birth (calculated by subtracting the woman’s year of birth from the year of birth of the woman’s first child) are consistent. The age at first intercourse should not be later than her age at first birth. If her reported age at intercourse (Q. 613) is older than her age at first birth, then either the year of birth of her first child is

wrong or her age at first intercourse is wrong. Check to see which date is wrong and correct it.

If she has never had intercourse, circle Code '00'.

Q. 614: INSTRUCTIONS

Emphasize confidentiality.

Q. 615: LAST TIME HAD SEXUAL INTERCOURSE

Q. 615 applies to the respondent's last, or most recent, sexual partner. Fill in the respondent's answer in the space according to the units that she uses. The YEARS AGO row should be used only if the last intercourse was at least one year ago. In other words, there should never be a response '00' YEARS.

> *Example*: If she says "three weeks ago," circle '2' and write '03' in the boxes next to WEEKS AGO. If she says "four days ago," circle '1' and write '04' next to DAYS AGO.

If the respondent appears to be rounding off her answer, probe for an exact answer. For example, if she says "about a week ago," ask, "Do you remember which day? Was it before or after the weekend?"

In some cases, you may have to convert a respondent's answer.

> *Example*: If the respondent says, "last night," circle '1' and write '00' for DAYS AGO. If she has not yet resumed intercourse since she had her last child, check Q. 215 for the month and year of birth of her last child, and ask how long before the birth of that child she had sex the last time.

If the respondent had sex within the past year, continue with Q. 616. If the last time she had sex was 12 months or longer ago, skip to Q. 627.

Qs. 616-626: GENERAL INSTRUCTIONS

Where appropriate, these questions will be asked in turn about the respondent's three most recent sexual partners in the 12 months before the survey interview. Complete all of the relevant questions for the most recent partner before asking the questions for the second-to-last partner and then third-to-last partner, if any.

Q. 616: LAST TIME HAD SEXUAL INTERCOURSE

Q. 616 is completed the same way as Q. 615, only it applies to the respondent's second-to-last and third-to-last sexual partners.

Q. 617: CONDOM USED AT LAST INTERCOURSE

When asking about the last sexual partner, ask the question as follows: "The last time you had sexual intercourse …" When asking about the second-to-last sexual partner, ask the question like this: "The last time you had sexual intercourse with this second person …"

Q 618: USE OF A CONDOM EACH TIME ONE HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS

Ask the respondent whether she used a condom each time she had sexual intercourse with her partner. Make sure that she understands that you are talking about the times she had intercourse with the last (second-to-last, etc.) partner and not about whether she used a condom at any time she had intercourse during the last 12 months.

Qs. 619-624: RELATIONSHIP WITH LAST SEX PARTNER

In these questions, we want to know the relationship of the respondent with the person she last had sex with (Q. 619), the duration (Q. 622) and frequency (Q. 623) of the sexual relationship, and the age of the person (Q. 624). Note that the response categories in Q. 619 are stated in terms of her relationship to the man, not his relationship to her. It also refers to the relationship at the time they last had intercourse. If the woman responds "BOYFRIEND," probe to see if the boyfriend was living with her and then circle the appropriate code.

> *Example*: A divorced woman indicates her last sex partner was her former husband. If they were married at the time they had intercourse, record 'HUSBAND'. If they were already divorced and not living together at the time, record 'OTHER' and enter former husband in the space provided for specifying the relationship.

If the woman is the wife or cohabiting partner of this man, continue on to Q. 620 and 621, being sure to follow skip instructions. Otherwise skip directly to Q. 622, which asks about the length of time the woman had a sexual relationship with her partner. Again make sure the woman is clear about the partner for which the question is being asked.

For recording the duration of the relationship in Q. 622, first circle the code according to the unit the respondent used, and then fill in the answer in the space provided. If the duration is less than 10, write '0' in the first box. For Qs. 623 and 624 fill in the answer in the space provided.

Q. 625: SEX WITH ANYONE ELSE

This question finds out if the respondent had sex with anyone else in the past 12 months. Be sure to include the time reference in the question. If she did not have sex with a second person during the 12 months then continue to Q. 627. If the respondent indicates that she had sex with a person other than her last partner, go back and ask Qs. 616-624 and record her responses in the second column in the table. In Q. 625, ask the respondent if she has had sex with anyone apart from these two people. If there is not a third person with whom she had sex in the last 12 months, then continue to Q. 627.

If there is a third person, go back and complete Qs. 617-624 by recording her responses in the third column. After finishing questions for the third person she had sex with, continue to Q. 626.

Q. 626: NUMBER OF SEXUAL PARTNERS IN THE LAST 12 MONTHS

Q. 626 is asked of women who report having at least three sexual partners in the past 12 months. The question is concerned with the total number of different men the respondent has had sex with in the last 12 months, including the three men already mentioned in response to Qs. 616-625. Since the respondent is asked this question only if she has had sexual intercourse with at least three men in the last 12 months, the answer should never be '00,' '01' or '02.'

Q. 627: NUMBER OF LIFETIME SEXUAL PARTNERS

Q. 627 asks about total number of lifetime sexual partners, including partners in the last 12 months. If the number of partners is greater than 95, record '95.'

Q. 628: PRESENCE OF OTHERS DURING INTERVIEW

Observe and record whether others are present during this section of the interview.

Qs. 629 and 630: KNOWLEDGE OF SOURCE FOR CONDOMS

Q. 629 asks about the respondent's knowledge of a source for male condoms. You will be asking this question of both women who have used condoms and women who have not used condoms. If a respondent insists she has never used condoms and therefore cannot answer this question, explain that we simply want to know whether she is aware of a source for condoms. For example, if someone asked her for advice on where to obtain condoms, could she tell them where to go?

We are interested in knowing if the respondent knows more than one place to obtain a condom so be sure to ask, after recording the first source she names, about other places she may know about where the male condom is available.

Record all response(s) to Q. 630. Write the name of hospitals, health centers and clinics if the respondent does not know if they are public or private.

Q. 631: ABILITY TO GET CONDOMS

We want to know whether the respondent thinks she could get a condom herself if she wanted to. It is important again to make sure the respondent knows that the question is hypothetical; we are not asking if she plans to get a condom but whether, if she wanted to, she could herself go and get a condom.

Qs. 632-634: KNOWLEDGE OF SOURCE FOR FEMALE CONDOMS

These questions are similar to Qs. 629-631 except that you are assessing the woman's knowledge of a source for the female condom and her ability to obtain a female condom if she wanted to use one.

H. Section 7: Fertility Preferences

This section gathers information on desires for additional children, preferred birth intervals, attitudes toward family planning and family size, and unwanted pregnancies.

Q. 701: FILTER CONCERNING STERILIZATION STATUS OF RESPONDENT/PARTNER

Q. 702: FILTER FOR PREGNANCY STATUS

Qs. 703 and 704: PREFERENCE FOR ADDITIONAL CHILDREN

If the respondent is currently pregnant, ask Q. 703. Note that we want to make sure that pregnant women do not think that we are asking them whether they want the child they are pregnant with now. For this reason, we begin this question by stating “Now I have some questions about the future…”

If she is not pregnant or is unsure if she is pregnant, ask Q. 704. Note that the wording of the question depends on whether or not she already has children. If the respondent is not pregnant and has no living children (check Q. 216), ask the question as follows: “Would you like to have a child or would you prefer not to have any children?” If she has one or more children, you ask instead, “Would you like to have another child or would you prefer not to have any more children?”

Q. 705: TIME TO WAIT

Q. 705 is to be asked of all women who say that they want to have another child. First check Q. 226 to see whether the respondent is pregnant and mark the appropriate box. If she is not pregnant or unsure, ask “How long would you like to wait from now before the birth of (a/another) child?” If she is pregnant, word the question differently by asking “After the birth of the child you are expecting now, how long would you like to wait before the birth of another child.” Note that the answer can be given in months or years. Circle ‘1’ if the response is in months or ‘2’ if in years, and record the answer in the appropriate boxes. If she says she would like to have a baby right away, record SOON/NOW. If the woman says she cannot get pregnant, circle ‘994.’ If the woman tells you she would like to wait until after she is married to have a child, record AFTER MARRIAGE. If the woman gives a different answer, circle ‘996’ and write her response in the OTHER category.

Q. 706: FILTER FOR PREGNANCY STATUS

Q. 707: FILTER FOR USING A METHOD

Check Q. 303. If a YES is recorded in Q. 303, you will mark the box on the right in Q. 707 for CURRENTLY USING. If a NO is recorded, you will mark the box in the left for NOT CURRENTLY USING.

Q. 708: FILTER FOR TIME TO WAIT

Q. 709: REASON FOR NOT USING A METHOD TO PREVENT PREGNANCY

Check the woman’s response in Q. 703 or 704, as appropriate. If she says that she wants to have a/another child (Code ‘1’ is circled), mark the box on the left and ask the question under that box. If she wants no (more) children (Code ‘2’ circled), mark the box on the right and ask the question under that box.

There are many reasons that a person may not be using contraception, so listen to your respondent carefully. Record as many reasons as the woman mentions. The following are some guides to use in deciding which code(s) to mark:

Code INFREQUENT SEX if the respondent says she is not sexually active enough to be using a method. NOT HAVING SEX would be the appropriate code if she says she is not sexually active at all.

MENOPAUSAL means she is no longer menstruating and therefore cannot get pregnant, and HYSTERECTOMY is an operation to remove her uterus.

Code CAN'T GET PREGNANT, if the respondent says she thinks she cannot get pregnant for reasons other than she is menopausal or has had a hysterectomy.

Code NOT MENSTRUATED SINCE LAST BIRTH if the respondent says her period has not returned since her last birth.

UP TO GOD/FATALISTIC means that the respondent feels that the pregnancy is predetermined by fate and she has no control over pregnancy.

RESPONDENT OPPOSED means that the respondent herself does not approve of family planning. If her husband or partner is opposed to family planning, circle the code for HUSBAND/PARTNER OPPOSED. If she says she is not using because someone other than her husband or partner tells her they are opposed to her using family planning, code OTHERS OPPOSED.

RELIGIOUS PROHIBITION means that she feels her religion does not allow the use of family planning.

SIDE EFFECTS/HEALTH CONCERNS: Side effects are undesirable consequences of using a method that do not adversely affect the health of the user. For example, side effects may be spotting or bleeding with the pill. Health concerns include consequences of using a method the respondent thinks may affect her health. For example, the respondent may say she heard the pill may be linked to breast cancer.

INCONVENIENT TO USE would be if she considers the contraceptive methods to be too troublesome to use, such as being messy. This is inconvenient to use, but not inconvenient to get the method, since LACK OF ACCESS/TOO FAR is a separate category.

If the woman's main reason is not listed as a response, write her response on the OTHER line and circle 'X.' If the woman does not know at all why she is not using contraception, record DON'T KNOW.

Q. 710: FILTER FOR USING A CONTRACEPTIVE METHOD

Q. 711: INTENT TO USE CONTRACEPTION IN THE FUTURE

This question is for all women who are currently not using a method of contraception and women who were not asked about current contraceptive use because they were pregnant at the time of the interview. The purpose of this question is to see whether the respondent has any intention of using a method of family planning at any time in the future.

Q. 712: PREFERRED NUMBER OF CHILDREN

Check Q. 216 to see whether the woman has any children who are alive. Mark the box on the right if she has no living children, or mark the box on the left if she has at least one living child. Ask the question under the marked box.

If she already has living children, we ask her to imagine the time when she had no children and could choose exactly how many to have. We are not asking how many she would like to have by her current age (now), but rather, how many she would like over her entire life (including the future).

If she tells you a number, record it in the boxes by NUMBER, then proceed with Q. 713. If she gives an answer that is not a number, for example, "It's up to God," probe for a numeric response. If after probing, the woman will not state a number, write down her exact words in the OTHER category, and skip to Q. 714.

Q. 713: DESIRED SEX COMPOSITION OF CHILDREN

This question is asked of all women who gave a numerical response to Q. 712. Record the number of boys and girls preferred by the woman in the boxes provided under BOYS and GIRLS, respectively. If the woman says she does not mind what sex the child is, write the number of such children in the boxes under EITHER. If she gives some other answer, circle '96' for OTHER and record her exact words in the space provided.

> *Example*: If in Q. 712, a respondent says she would like to have six children, and in Q. 713 she would like to have two boys, two girls, and two more of either sex, you would record '02,' '02,' '02.'
>
> If a respondent would like to have two children ('02' in Q. 712) and she wants two boys, you would record '02,' '00,' '00' in Q. 713.
>
> If she would like to have three children and at least one of them should be a boy, record '01,' '00,' '02,' since she would be satisfied with either sex for the other two children

Finally, note that, if the woman gives a numeric response to this question, the sum of the numbers you record in the three sets of boxes must equal the total number in Q. 712. You must probe further if the numbers do not match.

Q. 714: HEARD FAMILY PLANNING MESSAGE?

We are interested in any information about family planning, whether it is a program concerned with giving information about family planning, an advertisement about family planning, or a speech in which family planning is mentioned. Read the introductory question and then each line; wait for her

response and code it before moving on to the next line. There must be an answer coded for each line; do not leave any blank.

Q. 715: COUNTRY-SPECIFIC QUESTIONS ON FAMILY PLANNING MESSAGES

Qs. 716 and 717: FILTER FOR MARITAL (UNION) STATUS AND USING METHOD

Q. 716 is designed to identify women who are currently married or living with a partner. Check Q. 601, mark the appropriate box and follow the instructions. For women who are in union, you will go on to complete Q. 717 by checking Q. 303. If the respondent is currently using a contraceptive method, ask Q. 718. If she is not currently using contraception (i.e., answered NO to Q. 303), skip to Q. 720.

Q. 718: DECISION TO USE CONTRACEPTION

In this question, we want to know whether the woman participated in the decision to use contraception, which would indicate that she exercised her right to control and monitor her reproductive health. Read the entire question before accepting a response. Q. 718 is asked only of women in union who are currently using contraception. If the respondent says that someone other than her husband or partner or she made the decision, such as a doctor or a nurse, circle '6' and write her answer in the space provided.

Q. 719: FILTER FOR STERILIZATION

Q. 720: HUSBAND'S AND WIFE'S PREFERENCE FOR CHILDREN

This question asks for the woman's opinion of her husband's preference compared with her own. Read the entire question before accepting a response.

I. Section 8: Husband's Background and Woman's Work

Q. 801: FILTER FOR MARITAL (UNION) STATUS

This filter requires you to check Qs. 601 and 602 and mark the respondent's marital (union) status. For women who have ever married or lived together with a partner, you will need to word subsequent questions in the present or past tense according to the woman's current marital (union) status. For women who have had more than one husband (partner), you will ask about the current or most recent husband (partner).

Q. 802: HUSBAND'S AGE

If you have difficulty obtaining the husband's age, use the same methods to probe for his age as described in Qs. 102-103 for obtaining the respondent's age.

Qs. 803-805: HUSBAND'S EDUCATION

These questions are identical to Qs. 104-106, which were asked of the respondent. Again, note that in Q. 804, you record the highest level attended, and in Q. 805, you record the highest grade [form/year] completed at that level.

Q. 806: HUSBAND'S CURRENT (OR MOST RECENT) TYPE OF WORK

First, check Q. 801. If a woman is currently married or living with a man, mark the box on the left and ask the husband's/partner's occupation. If she is not currently married but was formerly married or lived with a man, mark the box on the right and ask about the most recent (last) husband's/partner's occupation.

Examples of occupations are clerk, secretary, barber, taxi driver, nurse, teacher, lawyer, salesman, rubber tapper, fisherman, rice farmer, carpenter, etc. We are not interested in the industry that he works in (e.g., agriculture, mining, or sales) or where he works (in a bank, a retail clothing store, or a government office), but we need to know what his job is.

> *Example*: If the respondent says her husband works in the Ministry of Planning, ask what he does there.

Write the answer in the respondent's own words. If you are not sure how to write the occupation, it is better to give more detail than less.

"Not currently working" is not an acceptable response. If he is unemployed, get a description of his most recent job. If he does more than one job, write down what he does most of the time. If he is not working because he is in school, write "student." Do not fill in the two code boxes for this question, since numerical codes will be assigned afterwards in the office.

Qs. 807-811: EMPLOYMENT AND OCCUPATION

These questions are concerned with any work other than housework that the respondent herself does. The time reference for Qs. 807-809 is the seven days before the survey interview.

Q. 808 is included because it often happens that women who sell things, or work on the family farm, will not consider what they do work, especially if they do not get paid for the work. Read the introductory sentences of Q. 808 so the respondent understands what we mean by "work."

Q. 809 checks to determine if a woman normally works but was temporarily absent from work, i.e., she was on leave or was not working for some other reason during the seven-day period before the survey.

Q. 810 is directed to women who indicate they currently are not employed in a job or business and seeks information about whether the woman had done any work in the 12 months before the survey.

As in Q. 806, write the respondent's occupation in her own words in Q. 811. Again, it is better to give more detail than less.

Q. 812: NATURE OF EMPLOYMENT

There are three categories here. Consider a woman who works in a shop as an example. If she works in a shop owned and operated by a nonfamily member, she works FOR SOMEONE ELSE. If her husband or father operates the shop and she works for him, she is working FOR FAMILY MEMBER. If she runs the shop with her husband or runs it on her own, she is SELF-EMPLOYED.

Q. 813: WORK ALL OR PART OF THE YEAR

Of interest here is the regularity with which a respondent is working. If she is working all year long, record THROUGHOUT THE YEAR even if she works only part-time. If her work is seasonal, record SEASONALLY/PART OF THE YEAR. If she works occasionally, record ONCE IN A WHILE.

Q. 814: TYPE OF PAYMENT

This question asks for the type of payment that the respondent receives for her work. Payment can come in two forms: in "cash" and in "kind." For example, a woman who sells fruit in the market to people who pay money for it earns cash for her work. If the woman receives a portion of the fruit she takes to the market as payment, she receives "kind" for her work.

To answer Q. 814, you will need to determine if the woman receives payment in cash only, in kind only, both in cash and in kind, or whether she is not paid. If a respondent is a clerk and gets paid a regular salary, she earns CASH ONLY. If she is a domestic servant and she gets food and some cash, she is paid in CASH AND KIND. If she works as a domestic servant and she is not paid a salary but instead gets lodging and food only, she is paid IN KIND ONLY. If she is working on a farm owned by the family and receives no payment of money or other goods, then she is NOT PAID.

Qs. 815 and 816: FILTERS FOR MARITAL STATUS AND CASH EARNINGS

Qs. 817-824: WOMAN'S CONTROL OVER AND USE OF CASH INCOME AND PARTICIPATION IN HOUSEHOLD DECISIONS

Q. 817 is a single response question that asks who usually decides how the money the respondent earns will be used. The word 'jointly' refers to the respondent's making the decisions jointly with her husband or partner (Code '3'). If the husband decides by himself, circle '2.' If someone other than the respondent and her husband (e.g., another relative) makes the decision, circle '6' for OTHER and ask the respondent to specify.

Q. 818 asks the respondent for her perception of the amount of money she earns in relation to her husband/partner's earnings. If the respondent's husband/partner does not bring in any money at all, circle Code '4' and skip to Q. 820.

Q. 819 is similar to Q. 817 except that it is concerned with whether the respondent is involved in decisions about how her husband or partner's earnings will be used. Again the question allows for only a single response with regard to who usually decides how the husband or partner's earnings will be used. The response codes are identical to those described in Q. 817 except that there is an additional code corresponding to HUSBAND/PARTNER HAS NO EARNINGS. .

Qs. 820-822 address the roles of the woman and her husband or partner in making various household decisions. Decision-making can be a complex process so the emphasis is again on who usually makes a specific decision. Choose the response code most appropriate after you hear the respondent's answer to each type of decision. Use Code '1' for RESPONDENT only if the woman says that she alone mainly makes the decision. When her husband or partner alone usually makes the decision, circle '2.' If she and her husband usually consult about decisions, circle '3.' If, for example, she says that her in-laws usually make the decisions about the item in question (e.g., what food to purchase), then circle '4' for SOMEONE ELSE.

Qs. 823 and 824: OWNERSHIP OF HOME(S) AND/OR LAND

There is increasing evidence that ownership of property by women has positive consequences for women's empowerment, nutritional and health outcomes, and children's schooling. For questions 823 and 824, 'ownership' implies that the house or land is legally registered in the woman's name or, since official property records do not always exist or are not maintained, the house or land is recognized as hers and cannot be sold without her signature or equivalent.

Q. 823 concerns whether the respondent owns a house either by herself or jointly with someone else. For this question, 'house' includes all dwelling types including apartments, duplexes, and houses that are semi-detached or detached, etc., as well as other types of dwellings that are specific to [country]. If she owns a house (either the one you are in at the time of the interview or any other house), and she is the only owner of the house (she does not share ownership with anyone), record ALONE ONLY. If she doesn't own a house on her own, but instead jointly owns one with someone else, record JOINTLY ONLY. If she owns a house alone and another house jointly with someone else, record BOTH ALONE AND JOINTLY. If she does not own a house either alone or jointly, record DOES NOT OWN.

Note: It does not matter if the house was bought with a loan and the loan is still being paid for; what matters is whether the respondent's name is on the ownership document or, in the case where there is no paperwork, the respondent believes she has exclusive or part ownership of the house, record as outlined above.

Q. 824 concerns whether the respondent owns land either by herself or jointly with someone else. The size, quality or purpose of the land is not relevant to this question; we are only asking about her ownership of any type or size of land. The system of coding the responses is identical to Q. 823.

Note: communally owned land is not owned by her, even if she is part of the community.

Q. 825: PRESENCE OF OTHERS

This is not a question to ask the respondent, but something that you answer yourself. Just look around and see who else is within listening distance while you are interviewing. If a supervisor observes the interview, be sure to include her or him as another female or male present. Do not leave any row blank.

Q. 826: ATTITUDES TOWARD BEATINGS

Read the opening question and then read each item separately. Wait for her answer before going on to the next item. If the respondent does not understand the question, you should read it out again. Be sure to read each item clearly. Sometimes respondents misunderstand the question and think you are asking about their personal experience. This question is about the respondent's opinion and not about what is happening in her relationship with her husband or partner. Be sure that the respondent has understood the question before accepting an answer.

J. Section 9: HIV/AIDS

AIDS is an illness caused by HIV, a virus that weakens the immune system and leads to death through secondary infections, such as pneumonia. It is transmitted through sex or through contact with contaminated blood. This section asks questions concerning knowledge and behavior related to HIV/AIDS and other diseases that are transmitted through sexual contact. Note: many of the questions in this section use the term "the AIDS virus" rather than HIV. Questions are intentionally phrased this way because in some parts of the world, respondents may have heard of AIDS, but not HIV. Alternatively, some respondents may not be aware of, or may not fully understand, the relationship between HIV and AIDS. Interviewers, however, are taught during training to understand the difference between HIV and AIDS. Therefore, in this manual, we will use the terms AIDS and HIV as appropriate.

Q. 901: HEARD OF AIDS

This question allows us to verify whether a respondent has heard of AIDS. If there is a local term for AIDS, use the local term in addition to the word "AIDS".

Qs. 902-906: KNOWLEDGE OF WAYS TO AVOID/REDUCE CHANCES OF GETTING HIV AND LOCAL MISCONCEPTIONS ABOUT HIV

There are two types of questions in Qs. 902-906. Qs. 902 and 904 are asked to determine whether people know about behaviors advocated by public health programs to reduce the chance of becoming infected with HIV: being faithful to one partner and using condoms.

Qs. 903, 905, and 906 are asked to measure how many people hold incorrect beliefs about the way HIV is transmitted.

Q. 907: HEALTHY-LOOKING PERSON WITH HIV

Q. 908: TRANSMISSION FROM MOTHER-TO-CHILD

This question asks whether a mother who is infected with HIV can pass on the virus to her baby in any of three ways: while she is pregnant with the baby, during delivery of the baby, or while breastfeeding her baby. Ask each item one at a time, and take care to mark the response next to the item about which you are asking.

Q. 909: FILTER FOR KNOWLEDGE OF ROUTE OF TRANSMISSION

Q. 910: DRUG REDUCING RISK OF MOTHER-TO-CHILD TRANSMISSION

This question is asked to respondents who know at least one way by which HIV can be passed on from a mother to her child. Ask the respondent if she knows of any “special drugs” that can reduce the risk of transmitting HIV from a mother to her baby. In many instances, respondents will know that drugs are available, but will not know their names. Hence, in this question special refers to Western or modern medicines.

Qs. 911 and 912: FILTERS FOR LAST BIRTH SINCE JANUARY [2008] AND RECEIPT OF ANTENATAL CARE

Q.913: PRIVACY

The questions that follow require a high level of confidentiality. Make sure you have privacy with the respondent before you begin asking them.

Q. 914: COMPONENTS OF ANTENATAL CARE

We want to know if the respondent was given information about each of the listed topics during any of her antenatal care visits. It does not matter whether the topic was discussed only once or more than once, or discussed in only one visit or more frequently. Ask about each topic and record the response before asking about the next one. In the third item we are asking whether a health provider gave her information about getting tested for HIV; we are not asking whether or not she actually got tested. We will ask that in a later question.

Qs. 915 and 916: TESTING FOR HIV DURING ANTENATAL CARE

First in Q. 915 we ask whether the respondent was ever offered an HIV test during her antenatal care visits, in other words, whether someone asked her if

she wanted to be tested. This may have been at any of her antenatal visits during her last pregnancy. Then in Q. 916 we ask her if she was tested for the AIDS virus during an antenatal care visit for this pregnancy. We do not need to know the result of the test, simply whether or not she was tested. Notice that you are to ask Q. 916 even if the response to Q. 915 is NO.

Q. 917: WHERE TEST WAS DONE

Ask the respondent where she was tested for HIV. Record her response. Again, write the name of the source in the space provided if the respondent does not know if it is a private or public sector. Advise the team supervisor who will try to identify the type of source.

Q. 918: TOLD THE RESULTS OF THE TEST

Ask the respondent if she was told the results of her HIV test. Sometimes people are tested for HIV but are not told the results of the test, or do not go to get the result. Be clear to the respondent that you are not asking to know the results of the test, only whether she knows the result of the test.

Q. 919: COUNSELING AFTER TESTING

Counseling is an integral component of the HIV test. Counseling should be provided no matter whether the test is positive or negative. Be clear to the respondent we are not asking for the result of the test. This question is asked to determine whether or not the respondent received counseling following testing.

Q. 920: FILTER FOR LAST BIRTH

Qs. 921-923: TESTING FOR THE HIV PRIOR TO DELIVERY

For Q. 921, stress that we are interested in knowing whether she was offered a test between the time she went for delivery but before the baby was born.

For Q. 922 and Q. 923, be clear to the respondent that we do not want to know the result of the test, only whether or not she has ever been tested and whether or not she got the results of the test.

Q. 924: TESTED SINCE THE TEST DURING ANTENATAL CARE

For women who received an HIV test during antenatal care, we ask whether they have had another HIV test since the test they had during their pregnancy.

Q. 925: HOW MANY MONTHS AGO THE MOST RECENT HIV TEST WAS DONE

If the respondent knows she was tested, but is not sure when it took place, probe to obtain an estimate of how many months ago it was.

Q. 926: EVER BEEN TESTED FOR HIV

Be clear to the respondent that we do not want to know the result of the test, only whether or not she has ever been tested.

Q. 927: TIMING OF MOST RECENT HIV TEST

Ask the respondent when she was last tested for HIV. If the respondent knows she was tested, but is not sure when it took place, probe to obtain an estimate of how many months ago it was.

Q. 928: RESULTS OF TEST

Ask the respondent if she was told the results of the test. Sometimes people are tested for the HIV but are not told whether or not they are infected, or do not go to get the result. Be clear to the respondent that you are not asking to know the results of the test (whether or not she has the virus), only whether the respondent knows the result of her test. If the respondent has been tested more than once, we are asking whether the respondent knows the result from the last time she was tested.

Q. 929: WHERE TEST WAS DONE

Ask the respondent where the test was done and follow the same procedure as in Q. 917 in recording the source.

Qs. 930 and 931: KNOW WHERE TO GO TO GET TESTED

For those respondents who have never been tested for HIV we ask if they know of a place they can go to get tested. In this question, you need to probe and record all the places respondents know about for testing. Follow the procedures described in Q. 917 in recording the source.

Qs. 932-935: ATTITUDES TOWARDS PEOPLE WITH HIV/AIDS

These four questions are to ascertain the respondents' own personal opinions and attitudes towards people infected with HIV or with people who are sick with AIDS. To obtain this data, we present four hypothetical (imaginary) situations to respondents and ask them to tell us how they would react to the situation. The questions address the following situations:

- Willingness to buy vegetables from a vendor with the AIDS virus: Would the respondent buy vegetables from someone in the market if she knew the seller was infected with the AIDS virus?
- Concern about keeping the status of a family member infected with HIV a secret or not: Would the respondent be willing to have other people in the community know if a member of her family was infected with the AIDS virus?
- Willingness to care for a family member ill with AIDS in their own household: Would the respondent be willing to care for a relative who had AIDS in her household? If the respondent says she would be willing but her husband would not let her, record YES because it is her attitude you are concerned with not her husband's.
- Attitude about a female teacher infected with the AIDS virus continuing to teach: What is the respondent's opinion about how such a case should be handled?

Q. 936: TEACHING CHILDREN AGE 12-14

This question asks about teaching children age 12-14 to avoid AIDS by using condoms.

> *Example*: A respondent may answer that it is appropriate to teach children 14 and older about these things but children ages 12 and13 are too young. In this case, record NO for Q. 936.

Q. 937: KNOWLEDGE OF OTHER SEXUALLY TRANSMITTED INFECTIONS

Ask the respondent whether she knows other infections that can be transmitted through sexual contact. She is not being asked to actually tell you what specific sexually transmitted infections (STIs) she knows about, but only that she has heard about infections other than AIDS that are transmitted through sexual contact.

Q. 938: FILTER FOR EVER HAD SEXUAL INTERCOURSE

Q. 939: FILTER FOR KNOWLEDGE OF STIs

Qs. 940-942: SEXUALLY TRANSMITTED INFECTIONS

We want to know if the respondent has had an STI (Q. 940) or symptoms of an STI in the past 12 months. Symptoms of an STI include discharge from the vagina (Q. 941) or sores or ulcers around the vagina (Q. 942).

Q. 943: FILTER FOR HAD INFECTION

This filter requires you to check Qs. 940-942 to determine if the respondent has had an STI or symptoms associated with such infections in the past 12 months.

Qs. 944-945: ADVICE OR TREATMENT SOUGHT FOR STI

Ask the respondent whether she sought advice or treatment the last time she had an infection and/or experienced one of the symptoms (Q. 944). If the respondent sought treatment, ask about the place or places where treatment or advice was sought using the same approach as Q. 917. We are interested in all of the places from which she may have gotten assistance so be sure to probe to make sure the respondent has mentioned all of the sources from which she received advice or treatment.

Qs. 946 and 947: A WIFE CAN REFUSE SEX AND INSIST ON CONDOM

Both questions are asked of all respondents, regardless of whether or not they themselves are married. The questions ask for the respondent’s opinion as to what married women should do in various hypothetical situations.

For Q. 946, the respondent is asked to imagine a situation in which a wife knows her husband has a disease that can be transmitted through sexual contact. Q. 946 tries to find out whether, in the respondent's opinion, it is justified for a wife to insist that her husband wear a condom when she knows he has an infection that could be transmitted through sexual intercourse.

Q. 947 asks the respondent to say whether or not she thinks the wife has a right to refuse to have sex with her husband in another imaginary situation: if a husband has sex with other women.

Q. 948: FILTER FOR CURRENT MARITAL STATUS

Qs. 949 and 950: PERSONAL ABILITY TO NEGOTIATE SEX WITH HUSBAND
The previous questions (Qs. 946 and 947) were about women in general. Now we are asking married women about their own personal situations with their own husbands. In Q. 949 we are asking the respondent to imagine a situation in which her husband would like to engage in sexual intercourse, but she would prefer not to at that time. If she does not want to have sex with him at that time, can she communicate that to her husband, and will he accept her request and agree not to have sex at that time.

In Q. 950 we are asking the respondent to imagine a situation in which she would want her husband to use a condom. This question is asked to determine whether the respondent believes that she can ask her partner to wear a condom if she wants him to.

K. Section 10: Other Health Issues

Q. 1001: NUMBER OF INJECTIONS HAD DURING THE 12 MONTHS PRIOR TO THE DAY OF THE INTERVIEW

Ask the respondent if she had an injection for any reason during the 12 months prior to the day of the interview. If yes, ask the follow-up question to find out how many injections she had. If the number of injections is higher than “90” or she had daily injections for three months and above, record “90”. In case the response is not numeric, probe to get an estimate. Follow the skip pattern correctly.

Q. 1002: NUMBER OF INJECTIONS GIVEN BY A HEALTH WORKER

Find out from the respondent how many of the injections she has had were given by medical personnel (doctor, nurse, pharmacist, dentist or any other medical personnel). If the number of injections is “90” or higher, or she had daily injections for three months and above, record “90”. In case the response is not numeric, probe to get an estimate. Again, be sure to follow the skip pattern correctly.

Q. 1003: SYRINGE AND NEEDLE USED

Qs. 1004-1005: SMOKING CIGARETTES OR TOBACCO

In Q. 1004, ask the respondent whether she currently smokes cigarettes. In Q. 1005, record the number of cigarettes she smoked in the 24 hours prior to the interview. Remember to fill in the first box with ‘0’ for numbers less than 10.

Qs. 1006 and 1007: TYPE OF TOBACCO

These two questions are designed to find out about the use of other types of tobacco besides cigarettes (e.g. chewing tobacco).

Q. 1008: PROBLEM IN GETTING MEDICAL TREATMENT

In this question, we are trying to understand the hurdles women generally face in accessing health care for themselves. Make sure that the woman understands that this question refers to medical care for the respondent herself, since previous questions asked about treatment for her children.

Read out each item and circle the answer given before asking about the next item. Do not leave any blank. The phrase "When you are sick" in this question does not refer to any one specific episode of illness but to the typical scenario given the respondent's present circumstances. Consequently, if a woman says she cannot answer the question because she has not been sick, you must help her understand the question is hypothetical and relates to the type of problems she might experience if she were to be sick.

"Getting permission to go" means someone's permission is necessary for her to go and get the care. It does not matter who this person is (e.g. father, husband, mother-in-law). Circle '2' for NOT A BIG PROBLEM in the case where she does not need anyone's permission, as well as the case where she says, for example, she needs her mother-in-law's permission but that this is never a problem. "Getting money needed for treatment" includes money for actual treatment and/or for medicines. "Not wanting to go alone" refers to a situation where the woman will not go to get treatment alone because she herself does not want to or does not like to go alone.

Qs. 1009-1010: HEALTH INSURANCE

Q. 1009 seeks information about whether the respondent has any health insurance that helps to cover the cost of health care when she needs it. The health insurance may be through a mutual or community-based program, a national public insurance scheme (e.g., social security), a plan offered by an employer (either that of the respondent or of another family member) or a private policy purchased from a commercial provider. Record YES in Q. 1009 if the respondent participates in any health insurance scheme and, in Q. 1010, identify all of the types of insurance plans by which she is covered.

Q. 1011: TIME INTERVIEW ENDED

Do not forget to write the time when you finished the interview, using the 24-hour system. If there was an extended break during the interview time; for example, the respondent excused herself to care for a sick child and returned to complete the interview 45 minutes later, make a note to report how long a break was taken.

Be sure to thank the respondent for her cooperation. At this point, check your questionnaire carefully. Before leaving the house, make sure you have followed the skip patterns correctly and that your marks are legible. Also, inform the respondent that a health technician will be coming to her household to weigh and measure the height of the respondent (and her young children) and conduct a test for anemia [and HIV].[6] If she has any simple, general questions about the

[6] Adjust this paragraph to match the biomarkers and biomarker collection staffing used in the country.

measurements, you can answer them, but tell her that the health technician will explain the measurements in more detail and will answer her questions.

L. Interviewer's Observations

After you have checked over your questionnaire and thanked the respondent, note any comments on the last page. You may make comments about the woman you interviewed, about specific questions on the questionnaire, or about any other aspects of the interview. If anything about the interview was unusual or should be brought to the attention of the editor or supervisor, note it here. Even if the interview was straightforward, a few comments on each interview will be helpful in editing and processing the questionnaires. For example, if a respondent attended school in a different country, one with a different system for dividing grades into primary and secondary, note that here. If you were unable to complete the interview for any reason, or if answers that were not precoded require further explanation, use this space. All these comments are helpful to the editor, supervisor, and data processing staff in interpreting the information in the questionnaire.

M. Calendar

GENERAL DESCRIPTION OF THE CALENDAR

The calendar is located in the [flip-out] section at the end of the Woman's Questionnaire. It is called a "calendar" because it is where you will record information about the timing of recent events in the respondent's life. The calendar is "recent" in that only events occurring in the year of the survey plus the five full calendar years preceding the current year are included.[7]

From the top of the page to the bottom, the calendar includes 72 boxes (each box representing one month of time) divided into six sections (each representing one year or 12 months of time) in which to record information about the woman's experiences with childbearing and contraceptive use. From left to right, there are two columns:

Column (1): Live births, pregnancies, and contraceptive use
Column (2): Reason for discontinuing contraceptive use

Earlier in the manual, procedures for completing the calendar were described briefly. In this section, we discuss in much more detail the methods by which you are going to fill in the calendar. But before we proceed, a couple of points need to be understood:

1) You may at this point ask, "What and where are the questions that I am supposed to ask that will allow me to complete the calendar?" First, the calendar is completed at the same time that the Woman's Questionnaire is completed. Much of the information you need to complete the calendar is drawn directly from the responses to questions in Sections 2 (Reproduction) and 3 (Contraception). These

[7] The calendar should cover the survey year up to the last month of fieldwork, plus the full five years prior to the survey year. For surveys fielded in 2010, the calendar begins with the year 2005, and for fieldwork beginning in 2011 or 2012, the years should be adjusted.

questions have a large ‘C’ in them to help you identify questions related to the calendar.

Second, the calendar will give you a visual “snapshot” of the woman’s last five or six years of life that will help you to ask probing questions as necessary to improve the accuracy of the information. The calendar is built in a series of steps. At each step, you can and should determine whether or not a woman’s response is consistent with previous responses and where to place the event in relation to other events. For example, if there have been 12 months between the birth of Baby A and the beginning of the pregnancy resulting in Baby B, you can easily see in the calendar that these 12 months need to be accounted for in terms of use or nonuse of a contraceptive method.

There are many ways to get this information, and the calendar allows you to be innovative in obtaining the responses you need to completely fill in the calendar with the correct codes. Simply bear in mind that there may well be more than one correct way to “build” the calendar.

2) Whereas interviewing procedures may be flexible, the method of recording information on the calendar is not. Only certain codes (shown to the left of the calendar) are acceptable for use in the calendar. You need to translate the woman’s responses to codes. Only one code may appear in each box.

Column (1): LIVE BIRTHS, PREGNANCIES, AND CONTRACEPTIVE USE

The calendar provides a record of the timing of all live births, pregnancies and periods of contraceptive use. **Every month in column (1) of the calendar up to the month of interview must be accounted for, i.e., filled in with a code.**

The following describes the codes used in recording information in the calendar:

Q. 225: **Pregnancies ending in live births**. The first entry in the calendar will be made after you have completed and checked the responses in the birth history (Qs. 211-221). As Q. 225 instructs, for each live birth in January [2005] or later (Q. 215), you will place a ‘B’ in the month of birth and a ‘P’ in each of the preceding months according to the duration of the pregnancy. The number of months in which ‘P’s are recorded prior to the month ‘B’ must be one less that the total number of months the woman reports she was pregnant.

Example: A respondent gave birth in September 2006. She reported that the baby was full-term. For this birth, enter a ‘B’ in September 2006 and ‘P’s in the eight months prior to September, i.e., in the months January through August 2006.

Q. 226 and 227: **Current pregnancy**. For women who are currently pregnant, place a ‘P’ in the month of interview and in each preceding month of pregnancy. The number of ‘P’s in the calendar should equal the number of completed months of pregnancy given in Q. 227.

Qs. 229-234: **Pregnancies ending in a nonlive birth**. For all pregnancies that ended in a non-live birth (Qs. 229-234), place a 'T' in the month of pregnancy termination and a 'P' in each month of pregnancy.

Example: A respondent reports she had a miscarriage in the fourth month of pregnancy (i.e., after three completed months) in June 2008. Place one 'T' in June 2008 and one 'P' in each of the two preceding months.

Qs. 321-322: **Contraceptive use**. For contraceptive use in January [2005] or later, write the code for each method used in the months it was used. If more than one method is used at the same time, record the method that appears highest on the list of method codes. If a method was used for an extensive period (at least four months), enter the code in the first and last months of use and connect them with a squiggly line. As a last step, months without any method use (and no pregnancy or pregnancy termination) should be coded '0' indicating that no method was used.

If a respondent tells you that she switched from one contraceptive method to another in the middle of a month, record the method that she used in the beginning of the month in the cell for that month. Record the new method in the following month.

Example: A respondent said she used the pill until the middle of May, 2009 when she had an IUD inserted. Record '3' for pill in May 2009 and '4' for IUD in June 2009.

If a respondent used a method at the beginning of a month, and stopped so she was not using any method at the end of the month, record the code for the method she was using in the box corresponding to the month she stopped. Record '0' for "no method" in the following month.

In general, when a respondent has switched or discontinued contraceptive use within a month, in the calendar you will record what she was using at the beginning of that month. One exception to this rule is in the month of the interview. Before getting to Q. 311 on history of contraceptive use, you will already have filled in the calendar in Q. 304 for current contraceptive use. For the month of interview, you will have recorded what the respondent is using as of the day of the interview, even if it is different from what she was using at the beginning of the month of interview.

Column (2): REASON FOR DISCONTINUING CONTRACEPTIVE USE

For every discontinuation of a method, the reason for discontinuation is recorded in Column (2) in the last month the method was used. For example, if Column (1) indicates discontinuation of pill use in April 2007, then you should identify and record the reason for the discontinuation in Column (2) in the same month, April 2007.

Points to Remember

- Only one code is entered in any one box (month) of the calendar.
- In column (1), all months should be filled in.

- Column (2) records a reason for each interruption of method use that occurs in Column (1). The code is entered in the last month of use.

- Each squiggly line must have both endpoints defined by the same code.

- To label the births, write the child's name to the left of the 'B.' This will make your work easier and more accurate because birth dates serve as your best reference points.

ILLUSTRATIVE CASES[8]

In this section, we provide several examples that illustrate how to complete the calendar. Up to six steps may be necessary:

1) Transfer the dates of live births from the birth history to the calendar
2) Record the months of pregnancy (P) for any pregnancies terminating in live births (B) and non-live births (T)
3) Record the months of contraceptive use and nonuse.
4) Record the reason for discontinuation of contraceptive use.

For each example, we assume that the respondent knows the dates of birth of her children and also the dates during which she used contraception. During actual fieldwork, you may need to probe to correct errors in the reporting of this information.

[8][? Note: once the Interviewer's Manual has been finalized, ensure case descriptions and calendars are on facing pages.]

Case #1

Scenario: The respondent was interviewed in June [2010]. She had two births since January [2005]. The first was Alfredo, born full term in September [2006], and the second was Bernardo, born one month early in February [2009]. The dates of birth of the children are obtained from Q. 215 in the birth history. The woman did not have any other pregnancies and has never used contraception.

STEP 1

The first step is to record the birth dates for Alfredo and Bernardo. A 'B' is recorded in the month of birth of each of the children and the child's name is written to the left of the 'B' in Column (1) in the month corresponding to the child's birth date.

Step 1

Woman's response		Number of months	Entry in column (1) in calendar	
Event	Date		Months	Code
Alfredo	18 September [2006]	1	**SEP [2006]**	**B**
Bernardo	25 February [2009]	1	**FEB [2009]**	**B**

STEP 2

The second step involves entering a 'P' in each of the months of pregnancy prior to the month in which each live birth occurred. For Alfredo, 'P's would be entered January [2006] to August [2006] (8 months), while for Bernardo it is 7 months from July [2008] to January [2009] (before the month of birth).

Step 2

Woman's response		Number of months	Entry in column (1) in calendar	
Event	Date		Months	Code
Pregnant	January-September [2006]	8	**JAN-AUG [2006]**	**P**
Alfredo	18 September [2006]	1	SEP [2006]	B
Pregnant	July [2008]-February [2009]	7	**JUL [2008]-JAN [2009]**	**P**
Bernardo	25 February [2009]	1	FEB [2009]	B

STEP 3

The respondent did not use contraception during the calendar period. Thus, in the calendar, you will fill in the rest of the boxes with '0's to show the periods of non-use.

Step 3

Woman's response		Number of months	Entry in column (1) in calendar	
Event	Date		Months	Code
Nonuse	January -December [2005]	12	**JAN-DEC [2005]**	**0**
Pregnant	January-September [2006]	8	JAN-AUG [2006]	P
Alfredo	18 September [2006]	1	SEP [2006]	B
Nonuse	October [2006]-June [2008]	9	**OCT [2006]-JUN [2008]**	**0**
Pregnant	July [2008]-February	7	JUL [2008]-JAN	P

	[2009]		[2009]	
Bernardo	25 February [2009]	1	FEB [2009]	B
Nonuse	March [2009]-June [2010]	28	**MAR [2009]-JUN [2010]**	**0**

Calendar Entries for CASE#1

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
ALL MONTHS IN COLUMN 1 SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH BOX IN COLUMN 1

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER _____ (SPECIFY)

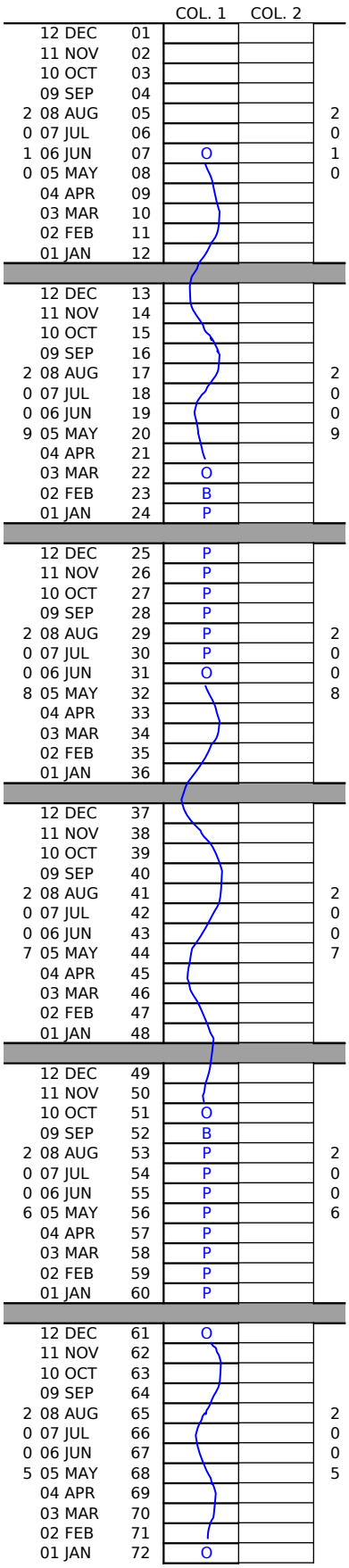
INFORMATION TO BE CODED FOR RELEVANT BOX IN COLUMN 2

COL. 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 5 INCONVENIENT TO USE
- 6 UP TO GOD/FATALISTIC
- 7 DIFFICULT TO GET PREGNANT/MENOPAUSAL
- 8 MARITAL DISSOLUTION/SEPARATION
- Z DON'T KNOW
- X OTHER _____ (SPECIFY)

Bernardo

Alfredo



CASE #2

Scenario: The respondent was interviewed in October [2010]. During the period covered by the calendar, she had one birth (Carlos), occurring in September [2008] in the 9th month of pregnancy, and one other pregnancy that miscarried after three months of her pregnancy in July [2006]. That pregnancy occurred accidentally while her partner and she were using the condom. They used the condom from the time they married in November [2002] until she became pregnant.

Immediately after the pregnancy, she began using the pill. She deliberately interrupted use of the pill because she wanted a child. She became pregnant with Carlos after five months of trying. She is currently using the pill, which she began using five months after the birth of Carlos.

Calendar Entries for CASE#2

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
ALL MONTHS IN COLUMN 1 SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER _____ (SPECIFY)

INFORMATION TO BE CODED FOR RELEVANT BOX IN COLUMN 2

COL. 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 5 INCONVENIENT TO USE
- 6 UP TO GOD/FATALISTIC
- 7 DIFFICULT TO GET PREGNANT/MENOPAUSAL
- 8 MARITAL DISSOLUTION/SEPARATION
- Z DON'T KNOW
- X OTHER _____ (SPECIFY)

Carlos

			COL. 1	COL. 2	
	12 DEC	01			
	11 NOV	02			
	10 OCT	03	6		
	09 SEP	04			
2	08 AUG	05			2
0	07 JUL	06			0
1	06 JUN	07			1
0	05 MAY	08			0
	04 APR	09			
	03 MAR	10			
	02 FEB	11			
	01 JAN	12			
	12 DEC	13			
	11 NOV	14			
	10 OCT	15			
	09 SEP	16			
2	08 AUG	17			2
0	07 JUL	18			0
0	06 JUN	19			0
9	05 MAY	20			9
	04 APR	21			
	03 MAR	22	6		
	02 FEB	23	O		
	01 JAN	24			
	12 DEC	25			
	11 NOV	26			
	10 OCT	27	O		
	09 SEP	28	B		
2	08 AUG	29	P		2
0	07 JUL	30	P		0
0	06 JUN	31	P		0
8	05 MAY	32	P		8
	04 APR	33	P		
	03 MAR	34	P		
	02 FEB	35	P		
	01 JAN	36	P		
	12 DEC	37	O		
	11 NOV	38			
	10 OCT	39			
	09 SEP	40			
2	08 AUG	41	O		2
0	07 JUL	42	6	2	0
0	06 JUN	43			0
7	05 MAY	44			7
	04 APR	45			
	03 MAR	46			
	02 FEB	47			
	01 JAN	48			
	12 DEC	49			
	11 NOV	50			
	10 OCT	51			
	09 SEP	52			
2	08 AUG	53	6		2
0	07 JUL	54	T		0
0	06 JUN	55	P		0
6	05 MAY	56	P		6
	04 APR	57	7	1	
	03 MAR	58			
	02 FEB	59			
	01 JAN	60			
	12 DEC	61			
	11 NOV	62			
	10 OCT	63			
	09 SEP	64			
2	08 AUG	65			2
0	07 JUL	66			0
0	06 JUN	67			0
5	05 MAY	68			5
	04 APR	69			
	03 MAR	70			
	02 FEB	71			
	01 JAN	72	7		

CASE #3

The respondent was interviewed in October [2010]. The woman's only birth in this period (Mary) occurred in March [2009] after an accidental pregnancy while using withdrawal, a method she had been using for one year. The pregnancy lasted nine months. She is currently pregnant, having failed with the use of withdrawal two months earlier. She and her husband had been using withdrawal since Mary was born. She also had a miscarriage in December [2006] in the fourth month of pregnancy. That pregnancy began several months after her marriage, while no method was being used. After that miscarriage, she did not use any method for six months before beginning to use withdrawal.

Calendar Entries for CASE#3

5

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
ALL MONTHS IN COLUMN 1 SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH BOX IN COLUMN 1.

COL.1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER _____ (SPECIFY)

Mary

INFORMATION TO BE CODED FOR RELEVANT BOX IN COLUMN 2.

COL.2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 5 INCONVENIENT TO USE
- 6 UP TO GOD/FATALISTIC
- 7 DIFFICULT TO GET PREGNANT/MENOPAUSAL
- 8 MARITAL DISSOLUTION/SEPARATION
- Z DON'T KNOW
- X OTHER _____ (SPECIFY)

			COL. 1	COL. 2	
	12 DEC	01			
	11 NOV	02			
	10 OCT	03	P		
	09 SEP	04	P		
2	08 AUG	05	M	1	2
0	07 JUL	06			0
1	06 JUN	07			1
0	05 MAY	08			0
	04 APR	09			
	03 MAR	10			
	02 FEB	11			
	01 JAN	12			
	12 DEC	13			
	11 NOV	14			
	10 OCT	15			
	09 SEP	16			
2	08 AUG	17			2
0	07 JUL	18			0
0	06 JUN	19			0
9	05 MAY	20			9
	04 APR	21	M		
	03 MAR	22	B		
	02 FEB	23	P		
	01 JAN	24	P		
	12 DEC	25	P		
	11 NOV	26	P		
	10 OCT	27	P		
	09 SEP	28	P		
2	08 AUG	29	P		2
0	07 JUL	30	P		0
0	06 JUN	31	M	1	0
8	05 MAY	32			8
	04 APR	33			
	03 MAR	34			
	02 FEB	35			
	01 JAN	36			
	12 DEC	37			
	11 NOV	38			
	10 OCT	39			
	09 SEP	40			
2	08 AUG	41			2
0	07 JUL	42	M		0
0	06 JUN	43	O		0
7	05 MAY	44			7
	04 APR	45			
	03 MAR	46			
	02 FEB	47			
	01 JAN	48	O		
	12 DEC	49	T		
	11 NOV	50	P		
	10 OCT	51	P		
	09 SEP	52	P		
2	08 AUG	53	O		2
0	07 JUL	54			0
0	06 JUN	55			0
6	05 MAY	56			6
	04 APR	57			
	03 MAR	58			
	02 FEB	59			
	01 JAN	60			
	12 DEC	61			
	11 NOV	62			
	10 OCT	63			
	09 SEP	64			
2	08 AUG	65			2
0	07 JUL	66			0
0	06 JUN	67			0
5	05 MAY	68			5
	04 APR	69			
	03 MAR	70			
	02 FEB	71			
	01 JAN	72	O		

CASE #4

The respondent was interviewed in October [2010]. She reported two births in the reference period, Christina in July [2008] and Armando in November [2005]. The pregnancy with Christina lasted nine months, and the pregnancy with Armando lasted eight months. At the time of Christina's birth, the respondent was surgically sterilized in a government hospital. Christina was conceived after four months of trying to become pregnant. Before this she had used the pill, which she had started using three months after the birth of Armando. Before becoming pregnant with Armando, she neither had a nonlive birth nor used a contraceptive method.

Calendar Entries for CASE#4

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
ALL MONTHS IN COLUMN 1 SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL.1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER _____ (SPECIFY)

INFORMATION TO BE CODED FOR RELEVANT BOX IN COLUMN 2.

COL.2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 5 INCONVENIENT TO USE
- 6 UP TO GOD/FATALISTIC
- 7 DIFFICULT TO GET PREGNANT/MENOPAUSAL
- 8 MARITAL DISSOLUTION/SEPARATION
- Z DON'T KNOW
- X OTHER _____ (SPECIFY)

Christin

Armand

			COL. 1	COL. 2	
	12 DEC	01			
	11 NOV	02			
	10 OCT	03	1		
	09 SEP	04			
2	08 AUG	05			2
0	07 JUL	06			0
1	06 JUN	07			1
0	05 MAY	08			0
	04 APR	09			
	03 MAR	10			
	02 FEB	11			
	01 JAN	12			
	12 DEC	13			
	11 NOV	14			
	10 OCT	15			
	09 SEP	16			
2	08 AUG	17			2
0	07 JUL	18			0
0	06 JUN	19			0
9	05 MAY	20			9
	04 APR	21			
	03 MAR	22			
	02 FEB	23			
	01 JAN	24			
	12 DEC	25			
	11 NOV	26			
	10 OCT	27			
	09 SEP	28			
2	08 AUG	29	1		2
0	07 JUL	30	B		0
0	06 JUN	31	P		0
8	05 MAY	32	P		8
	04 APR	33	P		
	03 MAR	34	P		
	02 FEB	35	P		
	01 JAN	36	P		
	12 DEC	37	P		
	11 NOV	38	P		
	10 OCT	39	O		
	09 SEP	40	O		
2	08 AUG	41	O		2
0	07 JUL	42	O		0
0	06 JUN	43	6	2	0
7	05 MAY	44			7
	04 APR	45			
	03 MAR	46			
	02 FEB	47			
	01 JAN	48			
	12 DEC	49			
	11 NOV	50			
	10 OCT	51			
	09 SEP	52			
2	08 AUG	53			2
0	07 JUL	54			0
0	06 JUN	55			0
6	05 MAY	56			6
	04 APR	57			
	03 MAR	58	6		
	02 FEB	59	O		
	01 JAN	60	O		
	12 DEC	61	O		
	11 NOV	62	B		
	10 OCT	63	P		
	09 SEP	64	P		
2	08 AUG	65	P		2
0	07 JUL	66	P		0
0	06 JUN	67	P		0
5	05 MAY	68	P		5
	04 APR	69	P		
	03 MAR	70	O		
	02 FEB	71	O		
	01 JAN	72	O		

CASE #5

This respondent was interviewed in October [2010]. She had two births since January [2005]; the first resulted in twins but only one was born alive (Jane), while the other was a stillbirth. Jane was born in June [2005]. Her younger brother, John, was born in February [2007] in the eighth month of pregnancy. Note that since the first of these pregnancies began before January [2005], only five P's are indicated in the calendar. Also note that the stillbirth is not recorded as a pregnancy termination, because it involved a pregnancy that resulted in a live birth (Jane), and you may place only one code in a box.

Her first contraceptive use during the period (the pill) began nine months after the last birth. She used the pill for six months and then switched to IUD the next month because she wanted a more effective method. She used the IUD until September [2009], when she separated from her husband. She has not used any contraception since.

Calendar Entries for CASE#5

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
ALL MONTHS IN COLUMN 1 SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL.1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

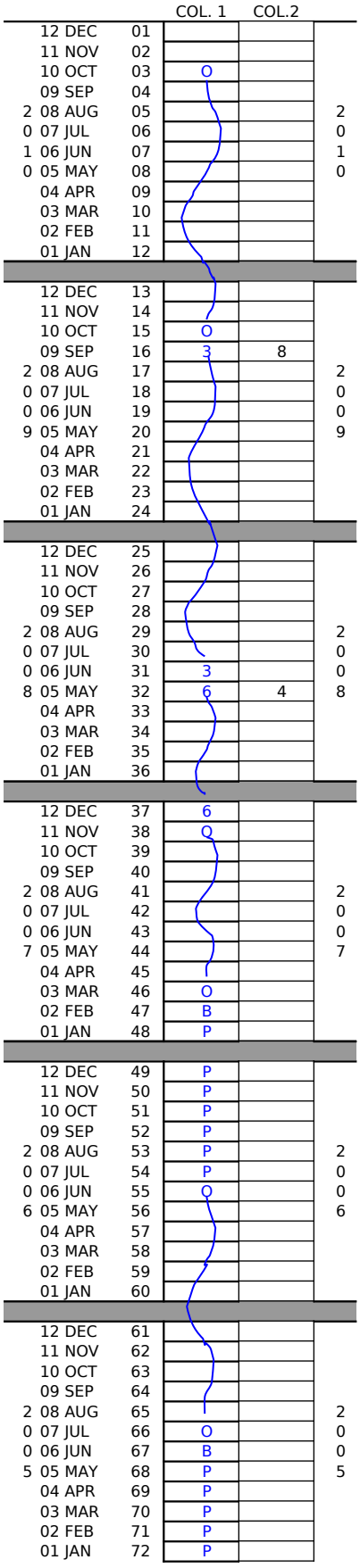
- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER _____ (SPECIFY)

INFORMATION TO BE CODED FOR RELEVANT BOX IN COLUMN 2.

COL.2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 5 INCONVENIENT TO USE
- 6 UP TO GOD/FATALISTIC
- 7 DIFFICULT TO GET PREGNANT/MENOPAUSAL
- 8 MARITAL DISSOLUTION/SEPARATION
- Z DON'T KNOW
- X OTHER _____ (SPECIFY)



CASE #6

The respondent was interviewed in October [2010] and was in her fourth month of pregnancy at the time of the interview (had completed three months of pregnancy). Her most recent birth occurred in November [2008] (Linda) after nine months of pregnancy, and she had no other pregnancy prior to this. She first began using the diaphragm the month after Linda was born. She stopped using the diaphragm after she became pregnant while using this method.

Calendar entries for CASE#6

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
ALL MONTHS IN COLUMN 1 SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH BOX IN COLUMN 1:

COL.1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER _____ (SPECIFY)

INFORMATION TO BE CODED FOR RELEVANT BOX IN COLUMN 2.

Linda

COL.2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 5 INCONVENIENT TO USE
- 6 UP TO GOD/FATALISTIC
- 7 DIFFICULT TO GET PREGNANT/MENOPAUSAL
- 8 MARITAL DISSOLUTION/SEPARATION
- Z DON'T KNOW
- X OTHER _____ (SPECIFY)

			COL.1	COL.2	
	12 DEC	01			
	11 NOV	02			
	10 OCT	03	P		
	09 SEP	04	P		
2	08 AUG	05	P		2
0	07 JUL	06	9	1	0
1	06 JUN	07			1
0	05 MAY	08			0
	04 APR	09			
	03 MAR	10			
	02 FEB	11			
	01 JAN	12			
	12 DEC	13			
	11 NOV	14			
	10 OCT	15			
	09 SEP	16			
2	08 AUG	17			2
0	07 JUL	18			0
0	06 JUN	19			0
9	05 MAY	20			9
	04 APR	21			
	03 MAR	22			
	02 FEB	23			
	01 JAN	24			
	12 DEC	25	9		
	11 NOV	26	B		
	10 OCT	27	P		
	09 SEP	28	P		
2	08 AUG	29	P		2
0	07 JUL	30	P		0
0	06 JUN	31	P		0
8	05 MAY	32	P		8
	04 APR	33	P		
	03 MAR	34	P		
	02 FEB	35	O		
	01 JAN	36			
	12 DEC	37			
	11 NOV	38			
	10 OCT	39			
	09 SEP	40			
2	08 AUG	41			2
0	07 JUL	42			0
0	06 JUN	43			0
7	05 MAY	44			7
	04 APR	45			
	03 MAR	46			
	02 FEB	47			
	01 JAN	48			
	12 DEC	49			
	11 NOV	50			
	10 OCT	51			
	09 SEP	52			
2	08 AUG	53			2
0	07 JUL	54			0
0	06 JUN	55			0
6	05 MAY	56			6
	04 APR	57			
	03 MAR	58			
	02 FEB	59			
	01 JAN	60			
	12 DEC	61			
	11 NOV	62			
	10 OCT	63			
	09 SEP	64			
2	08 AUG	65			2
0	07 JUL	66			0
0	06 JUN	67			0
5	05 MAY	68			5
	04 APR	69			
	03 MAR	70			
	02 FEB	71			
	01 JAN	72	O		

CASE #7

The respondent was interviewed in October [2010]. She has had only one pregnancy (and no births) since January [2005]. The pregnancy lasted for three months between November [2008] and January [2009] and ended in a miscarriage.

The respondent first used contraception at the start of her first marriage in March [2006]. She and her husband used the condom for a couple of years except for the six-month period beginning August [2007], when her husband was temporarily away. She and her husband resumed using the condom after he returned and continued use until she accidentally became pregnant in November [2008]. The respondent got sterilized in a government hospital immediately after the pregnancy.

Calendar entries for CASE#7

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
ALL MONTHS IN COLUMN 1 SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH BOX IN COLUMN 1.

COL.1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- J FOAM OR JELLY
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER _____ (SPECIFY)

INFORMATION TO BE CODED FOR RELEVANT BOX IN COLUMN 2.

COL.2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 5 INCONVENIENT TO USE
- 6 UP TO GOD/FATALISTIC
- 7 DIFFICULT TO GET PREGNANT/MENOPAUSAL
- 8 MARITAL DISSOLUTION/SEPARATION
- Z DON'T KNOW
- X OTHER _____ (SPECIFY)

			COL. 1	COL. 2	
	12 DEC	01			
	11 NOV	02			
	10 OCT	03	1		
	09 SEP	04			
2	08 AUG	05			2
0	07 JUL	06			0
1	06 JUN	07			1
0	05 MAY	08			0
	04 APR	09			
	03 MAR	10			
	02 FEB	11			
	01 JAN	12			
	12 DEC	13			
	11 NOV	14			
	10 OCT	15			
	09 SEP	16			
2	08 AUG	17			2
0	07 JUL	18			0
0	06 JUN	19			0
9	05 MAY	20			9
	04 APR	21			
	03 MAR	22			
	02 FEB	23	1		
	01 JAN	24	T		
	12 DEC	25	P		
	11 NOV	26	P		
	10 OCT	27	7	1	
	09 SEP	28			
2	08 AUG	29			2
0	07 JUL	30			0
0	06 JUN	31			0
8	05 MAY	32			8
	04 APR	33			
	03 MAR	34			
	02 FEB	35	7		
	01 JAN	36	O		
	12 DEC	37			
	11 NOV	38			
	10 OCT	39			
	09 SEP	40			
2	08 AUG	41	O		2
0	07 JUL	42	7	0	0
0	06 JUN	43			0
7	05 MAY	44			7
	04 APR	45			*
	03 MAR	46			
	02 FEB	47			
	01 JAN	48			
	12 DEC	49			
	11 NOV	50			
	10 OCT	51			
	09 SEP	52			
2	08 AUG	53			2
0	07 JUL	54			0
0	06 JUN	55			0
6	05 MAY	56			6
	04 APR	57			
	03 MAR	58	7		
	02 FEB	59	O		
	01 JAN	60			
	12 DEC	61			
	11 NOV	62			
	10 OCT	63			
	09 SEP	64			
2	08 AUG	65			2
0	07 JUL	66			0
0	06 JUN	67			0
5	05 MAY	68			5
	04 APR	69			
	03 MAR	70			
	02 FEB	71			
	01 JAN	72	O		

VII. MAN'S QUESTIONNAIRE

The Man's Questionnaire consists of a cover page and eight sections as follows:

Section 1:	Respondent's Background
Section 2:	Reproduction
Section 3:	Contraception
Section 4:	Marriage and Sexual Activity
Section 5:	Fertility Preferences
Section 6:	Employment and Gender Roles
Section 7:	HIV/AIDS
Section 8:	Other Health Issues

Most of the questions in the Man's Questionnaire are similar to those we have already discussed in the Woman's Questionnaire, but are written to reflect that the respondent is male. However, in most cases, the question numbers are different and often the questions appear in a different order. For example, although the HIV/AIDS questions are almost identical, they are in Section 9 in the Woman's Questionnaire and Section 7 in the Man's Questionnaire.

Figure 5 lists questions numbers from the Man's Questionnaire and the corresponding question numbers from the Woman's questionnaire.

- This manual does not repeat instructions for questions in the Man's Questionnaire that have already been covered in Section VI on the Woman's Questionnaire. Using this table, you can refer to the instructions in that section for the corresponding questions.

- Occasionally, a question in the Man's Questionnaire will be similar to, but not exactly the same as a question in the Woman's Questionnaire. In these cases, the table shows the question number from the Woman's Questionnaire in parentheses.

- The table does not include the question numbers of questions that are unique to the Man's Questionnaire. Instructions on administering these questions can be found in the following sections.

FIGURE 5. QUESTION NUMBERS FOR CORRESPONDING QUESTIONS IN THE WOMAN'S AND MAN'S QUESTIONNAIRES

Question number	
Man's questionnaire	Woman's questionnaire
101-116	101-116
201-208	(201)-208
301	301
302	714
304-305	(239)-240
308-310	629-631
312-314	632-634
401-404	601-604
410-412	609-611
413	612
414-416	613-615
417-427	616-626
434	627
436	(306)
502	(701)

Question number	
Man's questionnaire	Woman's questionnaire
503	(226)
504-505	703-704
507	705
509-510	712-713
601	(807-808)
602-604	809-811
605-609	813-817
610-611	820-821
612-613	823-824
614	826
701-710	901-910
711	913
712-733	926-947
805-811	1001-1007
812-814	1009-1011

A. Section 1: Respondent's Background

All of Section 1 is the same for male and female respondents. As a reminder, accurate recording of the respondent's age is important. Refer to Section VI.B of this manual for detailed instructions about Questions 102 and 103 on the age of the respondent.

B. Section 2: Reproduction

Qs. 201-208: CHILDREN

Q. 201 is phrased slightly differently for men. As with women, we are interested in the biological children a man has had. Because many children live away from their fathers, the question prompts men to think about children who are their biological children but may not be legally theirs or have their last name. Qs. 202-208 are the same for men and women.

Q. 209: FILTER FOR ANY CHILDREN

For Q. 209, check Q. 208 to see if the man has ever fathered any children. If he has had more than one child, including any children who may have died, tick the box on the left and continue with Q. 210. If the man has had only one child, including a child who may have died, tick the center box and skip to Q. 212. If the man has never fathered a child, even one that lived for a very short time, tick the box on the right and skip to Q. 301.

Qs. 210 and 211: NUMBER OF WOMEN WITH WHOM RESPONDENT FATHERED CHILDREN

In Q. 210, you will ask the respondent whether or not all of the children he has fathered have the same biological mother. If he has fathered children with more than one woman, ask Q. 211 to find out the number of women with whom he has fathered children.

Q. 212: AGE AT FIRST FATHERHOOD

Q. 212 asks the respondent to give his age when his first child was born. If he doesn't know, probe. You could ask how old he was when he got married or first started living with a woman, and then ask how long before or after getting married his first child was born.

Qs. 213-219: ANTENATAL AND CHILDBIRTH CARE

Qs. 213 to 215 are asked to determine if the respondent has a living child age 0 to 2 years. If he does, write the name of his youngest child on the line provided in Q. 216. Qs. 217 through 219 ask about the antenatal and childbirth care received by that child and his or her mother. In Q. 217, ask the respondent if the mother of his youngest child received antenatal care during her pregnancy. The care should have been specifically to check her pregnancy and not for other reasons. If the mother received antenatal care during the pregnancy of an older child, but not during the pregnancy of the youngest child, record '2', NO.

Q. 220: KNOWLEDGE OF CARE FOR CHILDREN WITH DIARRHEA

Q. 220 asks the respondent about the amount of liquid that should be given to a child with diarrhea. Note that this question is asking for the respondent's opinion, not what he and/or his wife/partner actually give their children when they have diarrhea.

C. Section 3: Contraception

Q. 301: Contraceptive Table

The format of Q. 301 and the order of administering the questions are the same in both the Woman's and Man's Questionnaires.

Q. 303: DISCUSSION OF FAMILY PLANNING WITH A HEALTH CARE PROVIDER

In Q. 303, ask the respondent if he has discussed family planning with a health worker or health professional in the last few months. This question focuses specifically on communication with health professionals, so discussion of family planning with friends, neighbors, etc., does not apply.

Q. 306: ATTITUDES TOWARDS CONTRACEPTION

This question includes two statements that assess the respondent's attitudes towards taking responsibility for contraception and about the effect of contraception on women's behavior. Be sure to circle a response for each of the two questions. The word "promiscuous" in Q. 306(b) means that someone has sexual relations with many people.

D. Section 4: Marriage and Sexual Activity

Q. 405: OTHER WIVES/PARTNERS

In this question, we are interested whether the respondent has other wives or partners with whom he is living as if married. This does not include 'girlfriends' unless the husband is living together with the girlfriend as if married.

Q. 406: NUMBER OF WIVES

We are interested in the total number of wives or co-habiting partners the respondent has. Since the number has been assigned two boxes, remember to fill the first box with '0' for numbers less than 10.

Qs. 407 and 408: IDENTIFYING THE WIFE/WIVES OF THE RESPONDENT

Write down the name of the respondent's wife/partner (or names of the wives/partners) and record the line number from the Household Schedule in the boxes provided. The number of names in Q. 407 should be equal to the number of wives in Q. 406. If a wife/partner is not listed in the Household Schedule, record '00' in the boxes next to her name. This can happen if you are interviewing a man who is visiting a household, but his wife stayed at home or if he is interviewed at his home but his wife lives in a different household. For Q. 408, take the age of the woman from the man's report, not from the Household Schedule.

Qs. 428-433: QUESTIONS ABOUT COMMERCIAL SEX

These questions ask specifically about commercial sex and condom use during commercial sex in the past 12 months. Qs. 428 and 429 are checks to identify those respondents who reported that at least one of their last three sexual partners in the last 12 months was a prostitute. Check Q. 420 to identify the sexual partner or partners who were prostitutes, then check Q. 418 in the same column to see if the respondent used a condom the last time he had sex with that partner. If the respondent used a condom at last sex with every sexual partner who was a prostitute, check the box on the right and skip to Q. 433. If the respondent did not use a condom at last sex with every partner who was a prostitute, place a tick in the box next to 'OTHER' and skip to Q. 434.

> *Example*: A man's last sexual partner (column 1) was a prostitute. He used a condom the last time he had sex with her. His second-to-last sexual partner was his wife. His third-to-last sexual partner was another prostitute. He did not use a condom the last time he had sex with her. Tick the box for 'OTHER' and skip to Q. 434.

Qs. 430 and 431 are asked of respondents who did not report that any of their last three sexual partners in the last 12 months was a prostitute. Some men may omit prostitutes from their sexual history due to shame or embarrassment. In addition, a man may have used a prostitute in the last 12 months, but she was not one of his most recent three sexual partners and was therefore not reported in Qs. 417-426 or a man may have used a prostitute but not in the past 12 months.

Qs. 432 and 433 both ask about condom use with prostitutes. Paid sex is considered a high-risk sexual behavior. Individuals who pay for sex may be at greater risk of becoming infected with HIV or another STI. Using a condom every time one pays for sex reduces the chances of infection. Q. 432 asks about use of a condom the last time the respondent paid for sex while Q. 433 seeks to find out if the respondent used a condom every time he paid for sex in the last 12 months.

Qs. 436: CONDOM BRAND

This question is similar to Qs. 305-306 in the Woman's Questionnaire about brand of pills or condoms except the Man's Questionnaire asks only about condoms. Follow the instructions for the Woman's Questionnaire to record the brand of condoms.

Q. 437: SOURCE OF CONDOMS

Q. 437 asks the respondent to say where he got the condoms the last time he got them. Follow the instructions for Q. 307 in the Woman's Questionnaire on how to record the source.

Qs. 438 and 439: USE OF A CONTRACEPTIVE AT LAST SEX

For the last time that the respondent had sex, we want to know whether any method was used to avoid pregnancy. These questions are similar to the questions about current contraceptive use asked to women. However, for men they refer to contraceptive use at last sex only. The respondent is asked in Q. 438 whether or not he or his partner used anything to avoid pregnancy the last time he had sex. Insert the phrase "other than a male condom" for those respondents who reported condom use at last sex. In Q. 439, probe to get all the methods used.

E. Section 5: Fertility Preferences

Almost all of the questions in this section are the same as those in Section 7 of the Woman's Questionnaire. However, for men we have to first determine whether they have one wife or more than one wife (Q. 501) in order to know how to ask Q. 504 or 505 on preference for additional children.

F. Section 6: Employment and Gender Roles

All of the questions in Section 6 are the same as those in Section 8 of the Woman's Questionnaire.

G. Section 7: HIV/AIDS

This section asks a group of questions on knowledge of and behavior related to AIDS and other diseases that are transmitted through sexual contact. This series of questions is almost identical to Section 9 of the Woman's Questionnaire. The Woman's Questionnaire includes questions on antenatal care, which are omitted for men. In addition, Qs. 727 and 728 on symptoms of STIs use different wording to apply to men rather than women.

H. Section 8: Other Health Issues

Qs. 801-804: CIRCUMCISION

Circumcision involves the surgical removal of the foreskin of the penis. Circumcision may be performed for religious, medical, or cultural reasons and can be carried out at birth, during adolescence, or at other times during a man's life. If a respondent was not circumcised or does not know what circumcision is or says that he does not know whether or not he is circumcised, use the DON'T KNOW code in Q. 801 and skip to 805. Otherwise, ask Qs. 802-804.

END OF INTERVIEWER'S MANUAL